

STATE OF KANSAS

State Board of Health—Division of Vital Statistics

STANDARD
CERTIFICATE OF DEATH

Do not write

8 2762

In this space

1 PLACE OF DEATH: County ButlerTownship Augusta Registered No. 130or City Augusta No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Parley H. Heath(a) Residence No. 127 N St. _____ Ward _____
(Usual place of abode.) (If nonresident, give city or town and state.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 Single, Married, Widowed, or Divorced (write the word) Married5a If married, widowed, or divorced
HUSBAND of Mary Heath
(or) WIFE of6 DATE OF BIRTH (month, day, and year) June-20-18567 AGE Years Months Days If LESS than
70 4 15 1 day.....hrs.
or.....min.8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Unknown Ill
(State or country)10 NAME OF FATHER John Heath11 BIRTHPLACE OF FATHER Unknown Ill
(City or town)
(State or country)12 MAIDEN NAME OF MOTHER Unknown13 BIRTHPLACE OF MOTHER Unknown
(City or town)
(State or country)14 Informant Mrs Parley H. Heath
(Address) Augusta Kans15 Filed 1926 BOOK
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/5 192617 I HEREBY CERTIFY, That I attended deceased from
10/27, 1926 to 11/5, 1926,
that I last saw him alive on 11/5, 1926.and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia(duration).....yrs.mos. 10 ds.CONTRIBUTORY (Secondary) _____
(duration).....yrs.mos.ds.18 Where was disease contracted
if not at place of death? _____

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) S. N. Mallison, M. D.
. 192 (Address) Augusta Kans

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Elmwood 11-8- 1926

20 UNDERTAKER

J. F. Dunsford Augusta