

PLACE OF DEATH
STATE OF TEXAS
COUNTY OF McLENNAN
CITY OF WACO

CITY OF WACO
BUREAU OF VITAL STATISTICS
Standard Certificate of Death

File No. 822
Vol. 21

1623 Blackmon St.
Give Street and Number or Name of Institution

1. FULL NAME OF DECEASED John Parsons

Length of Residence 10 Years Months Days (Social Security No.)
Where Death Occurred

RESIDENCE OF (Street and No. 1623 Blackmon City Waco County McLennan State Texas)

| PERSONAL AND STATISTICAL PARTICULARS | |
|--|---------------------------|
| 3. SEX Male | 4. COLOR OR RACE White |
| 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the Word) Married | |
| 6. DATE OF BIRTH May 2, 1888 | |
| 7. AGE Years 52 Months 7 Days 15 Hours Min. | |
| 8A. TRADE, PROFESSION OR KIND OF WORK DONE Farmer | |
| 8B. INDUSTRY OR BUSINESS IN WHICH ENGAGED | |
| 9. BIRTHPLACE (State or Country) Texas | |
| 10. NAME S. L. Parsons | |
| 11. BIRTHPLACE (State or Country) Unknown | |
| 12. MAIDEN NAME Mary Taylor | |
| 13. BIRTHPLACE (State or Country) Unknown | |
| 14. SIGNATURE J. C. Parsosn | |
| ADDRESS 1803 Marshall St., Waco, TEXAS | |
| 15. PLACE OF BURIAL OR REMOVAL DATE Speegleville, TEXAS Dec. 17, 1940 | |
| 16. SIGNATURE Gordon K. Connally | |
| ADDRESS 1000 Washington Ave., Waco, TEXAS | |

| MEDICAL PARTICULARS | |
|---|------------|
| 17. DATE OF DEATH Dec. 17, 1940 | |
| 18. I HEREBY CERTIFY That I Attended the Deceased From 1-1, 1940, to 12-17, 1940 I Last Saw Him Alive on 12-16, 1940 The Death Occurred on the Date Stated Above at 1 A.M. | |
| THE PRIMARY CAUSE OF DEATH WAS: Sarcoma of the hip | DURATION |
| CONTRIBUTORY CAUSES WERE Trauma by falling on a rock and striking hip. Occurred about July 1939. | |
| If Not Due to Disease, Specify Whether: ACCIDENT, SUICIDE, OR HOMICIDE No DATE OF OCCURRENCE No | |
| PLACE OF OCCURRENCE | |
| MANNER OR MEANS IF RELATED TO OCCUPATION OF DECEASED, SPECIFY SIGNATURE W. L. Crosthwait | |
| ADDRESS WACO, TEXAS | M. D. COR. |

FILE DATE Dec. 21, 1940 SIGNATURE OF LOCAL REGISTRAR Frances Morrow POSTOFFICE ADDRESS WACO, TEXAS