

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County Bollinger
Township Seely
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 940

File No. 22017-a

Primary Registration District No. 3104

Registered No. _____

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Marion Almar

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED Married
WIDOWED
OR DIVORCED
(If file the word)

DATE OF BIRTH Mar 25, 1868
(Month) (Day) (Year)

AGE 46 yrs. 3 mos. ds. if LESS than
1 day, ___ hrs.
or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work Farming
(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE
(City or town, State or foreign country) Bollinger Co.

PARENTS
NAME OF FATHER James Almar
BIRTHPLACE OF FATHER W. Va.
(City or town, State or foreign country)
MAIDEN NAME OF MOTHER Mary Elizabeth Hager
BIRTHPLACE OF MOTHER Bollinger Co.
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm. Young

(ADDRESS) Whitewater, Mo.

Filed July 24, 1913 J. M. Pinner
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 26, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 9, 1913, to June 26, 1913,
that I last saw him alive on June 25, 1913,
and that death occurred, on the date stated above, at 2:30 p.m.

The CAUSE OF DEATH* was as follows:

Pyphoid fever
which ended in death was
Cardiac weakness
(Duration) ___ yrs. ___ mos. 14 ds.

Contributory
(SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. M. Pinner M. D.
June 26, 1913 (Address) Whitewater

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death?

Former or usual residence Farmer

PLACE OF BURIAL OR REMOVAL Propper Cemetery DATE OF BURIAL June 27, 1913

UNDERTAKER A. H. Hinton ADDRESS Allenville Mo

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

City _____

Primary Registration District No. _____ Registered No. _____

St. _____ Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

PERSONAL AND STATISTICAL PARTICULARS

**SINGLE
MARRIED
WIDOWED
OR DIVORCED** (If file the

(Month) _____
(Day) _____
(Year) _____

AGE _____ If LESS than
1 day, _____ hrs.
or _____ mln.? _____ yrs. _____ mos. _____ ds.

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

(City or town,
State or foreign country)

BIRTHPLACE
OF MOTHER

{ADDRESS}

Filed _____ 191

REGISTRAR

DATE OF DEATH

_____ (Month) _____ (Day) 191____ (Year)

I HEREBY CERTIFY, that I attended deceased from

that I last saw h_____ alive on _____ 191

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Contributory_

(SECONDARY)

(Signed) _____

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death..... yrs. mos. ds. In the State..... yrs. mos. ds.

Where was disease contracted if not at place of death?

**Former or
usual residence**

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

UNDERTAKER

ADDRESS