

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

1 PLACE OF DEATH
County Howard
Township _____
Village _____
City Fayette Mo. (NO. _____) St. _____ Ward _____

378
~~4222~~
Registration District No. _____ File No. 1300
Primary Registration District No. 4222 Registered No. 52

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

2 FULL NAME Verli Markland

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED (If write the word) <u>Single</u>
6 DATE OF BIRTH <u>Sep 18 - 1901</u> (Month) (Day) (Year)		
7 AGE <u>14</u> yrs. <u>0</u> mos. <u>7</u> ds.		If LESS than 1 day.....hrs. or.....min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>at home</u> (b) General nature of industry business, or establishment in which employed (or employer) _____		
9 BIRTHPLACE (City or town, State or foreign country) <u>Howard Co Mo</u>		
PARENTS	10 NAME OF FATHER <u>Jas Markland</u>	
	11 BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Howard Co Mo</u>	
	12 MAIDEN NAME OF MOTHER <u>Eda Snyder</u>	
	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Howard Co Mo</u>	

V MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
Sep 26 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from April 10, 1915, to Sept 26, 1915, that I last saw her alive on Sept 26, 1915, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Endocarditis
56E
91B

(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Rheumatism
(Duration) yrs. 6 mos. ds.

(Signed) E. H. Hill M. D.
9/28 1915 (Address) Fayette mo

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

18 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.....

19 PLACE OF BURIAL OR REMOVAL Roanoke, Mo. DATE OF BURIAL 9 27, 1915

20 UNDERTAKER Luz T. Hally ADDRESS Fayette Mo

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) R. M. Taylor
(Address) Fayette Mo

15 Filed Jan 9 - 1916 V. D. Buchanan Registrar

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.

