

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

Do not use this space.

7592

1. PLACE OF DEATH

County Clay Registration District No. 498 File No. _____
 Township Liberty River Primary Registration District No. 3011 Registered No. 34
 City Excelsior Springs (No. _____) St. _____ (Ward)

2. FULL NAME

Infant of Clark Marlin
 (a) Residence No. North Francis 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) ✓

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 16th 1927

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

17. I HEREBY CERTIFY That I attended deceased from Mar. 16-27 1927, to Mar. 16, 1927 that I last saw her alive on Mar. 16, 1927, and that death occurred, on the date stated above, at 5 A lived 6 hr

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 14, 1927

THE CAUSE OF DEATH* WAS AS FOLLOWS Prematur. Birth. (8 months)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 5 hrs. or _____ min.

159 (duration) 16 yrs. 10 mos. 10 da.

8. OCCUPATION OF DECEASED

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

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ da.

9. BIRTHPLACE (CITY OR TOWN) Excelsior Springs Mo (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH. mo

10. NAME OF FATHER Clark Marlin

DID AN OPERATION PRECEDE DEATH? no DATE OF _____ WAS THERE AN AUTOPSY? no

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky. (STATE OR COUNTRY)

WHAT TEST CONFIRMED DIAGNOSIS? showed febrile (Signed) Dr. W. C. Craker M. D. , 19 (Address) Excelsior Springs Mo.

12. MAIDEN NAME OF MOTHER Delia D. Roy

*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.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Exc. Spgs Mo (STATE OR COUNTRY)

14. INFORMANT Clark Marlin (Address) Excelsior Springs Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Salem Cemetery DATE OF BURIAL Mar 16 1927

15. FILED 3-16 27 yo. Craker REGISTRAR

20. UNDERTAKER John C. Prather ADDRESS Exc Spgs

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. DO NOT WRITE IN THESE SPACES.

