JUN 24 1927

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

Do not use this space.

14492

1. PLACE OF DEATH
County Carter — Registration District No. 143 — File No.
Township Carter — Primary Registration District No. 5205 — Registered No.
City ~~S. Van Buren~~ (No. ..... St. ..... Ward)

2. FULL NAME Stephen Harrison Marchbank
(a) Residence. No. ..... 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Sarah Ann Marchbank

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 14 - 1855

7. AGE: 71 YEARS — MONTHS: 7 — DAYS: 22 — If LESS than 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) (STATE OR COUNTRY): Tenn.

PARENTS
10. NAME OF FATHER: Harrison Marchbank
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn.
12. MAIDEN NAME OF MOTHER: Mary Ellen Hill
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

14. INFORMANT: Della Jonas
(Address) Fremont.

15. FILED May 7, 1927. W. Cotton REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) May 6, 1927

17. I HEREBY CERTIFY, That I attended deceased from May 5, 1927, to May 6, 1927, that I last saw him alive on May 6, 1927, and that death occurred, on the date stated above, at 8:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Liver
46 E
97 (duration) yrs. 3 mos. ? ds.
CONTRIBUTORY (SECONDARY) arterio-sclerosis,
44 B (duration) 5 yrs. ? mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) T. W. Cotton, M. D
May 8, 1927 (Address) Van Buren, Mo.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Fremont, Mo. — DATE OF BURIAL: 5-8-1927

20. UNDERTAKER: Mrs. Jonas — ADDRESS: Fremont,

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.