JUL 25 1927 12

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

Do not use this space.

17559

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001
City St Joseph (No. State Hosp 2 St. Ward)
File No.
Registered No. 594

2. FULL NAME James M. Marker
(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 6 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY AND YEAR) about 1865
7. AGE Years 62 Months Days Unknown If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer No
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Hospital Records
(Address) State Hospital #2
JUN 7
15. FILED 1927 19 John G. Wh REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 5th 1927
17. I HEREBY CERTIFY, That I attended deceased from Jan. 1927, to June 5th 1927, that I last saw him alive on June 4th 1927, and that death occurred, on the date stated above, at 5:55 P.M.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
Cerebral Arteriosclerosis
220 A
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 74 A1
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) E. H. Coon, M. D
6/7, 1927 (Address) State Hosp. No 2

*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 Asylum Cem
DATE OF BURIAL 6/8 1927
20. UNDERTAKER J L Shingley
ADDRESS 216 Pa 10th

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.