JUL 28 1927.

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

Do not use this space.

18899

1. PLACE OF DEATH

County: Marion — Registration District No.: 5-48 — File No.:

Township: ~~Liberty~~ — Primary Registration District No.: 4323 — Registered No.: 24

City: Palmyra (No. ..... St. ..... Ward)

2. FULL NAME Henry Hamilton Markell

(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. 21 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Anderson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 10, 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	11	16	

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) Retired Merchant
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Virginia

PARENTS

10. NAME OF FATHER Geo. W. Markell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Virginia
12. MAIDEN NAME OF MOTHER Ellen Spillman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Virginia

14. INFORMANT Russell Markell
(Address) Palmyra, Mo.

15. FILED 6/28 1927 S. Sanford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 26th 1927

17. I HEREBY CERTIFY, That I attended deceased from June 6th 1927, to June 26th 1927, that I last saw h. alive on June 26th 1927, and that death occurred, on the date stated above, at 11:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis of the lungs
23A

(duration) yrs. 18 mos. ds.

CONTRIBUTORY (SECONDARY) Tuberculosis of the larynx

(duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Chicago Ill

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) C W Hamilton, M. D.

June 26, 1927 (Address) Palmyra 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 Greenwood Cemetery — DATE OF BURIAL 6/28/27

20. UNDERTAKER Lewis Bros — ADDRESS Palmyra, Mo.

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.