SEP 27 1927

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

Do not use this space.

23882

1. PLACE OF DEATH

County Clay — Registration District No. 198 — File No.

Township ~~Fishing River~~ — Primary Registration District No. 3011 — Registered No. 106

City Excelsior Springs (No. U.S.V.H. #99 St. Ward)

2. FULL NAME Marler, Luke F.

(a) Residence. No. Box 511, Neodesha, Kansas 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. 12 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 Mrs. Mattie E. Marler

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 26, 1892

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	34	11	5 ~~22~~	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Pipe liner, has only been

(b) General nature of industry, business, or establishment in which employed (or employer) employed a short times since 1918.

(c) Name of employer

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

PARENTS

10. NAME OF FATHER William Marler

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

12. MAIDEN NAME OF MOTHER Rebecca Morris

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

14. INFORMANT J.P. Baker, brother-in-law
(Address) Kansas City, Missouri.

15. FILED 8/31, 1927 Y.D. Craven REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 30, 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug. 18, 1927, to Aug. 30, 1927 that I last saw him alive on Aug. 30, 1927, and that death occurred, on the date stated above, at 8:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Toxemia resulting from chronic parenchymatous nephritis 131 92A 93C

since 1918 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Valvular Heart Disease and chronic Myocarditis (duration) since 1918 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Not known

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Urine examinations.

(Signed) Thomas F. Neil, M. D.

, 19 (Address) T.F.NEIL, U.S.V.H.#99, Excelsior Springs, 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 Neodesha, Kans — DATE OF BURIAL Don't know

20. UNDERTAKER Herbert Hope — ADDRESS Excelsior Spgs. 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.