

COPY OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

399

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125 File No. 1028
Township 11 Primary Registration District No. 3099 Registered No. _____
City 11 (No. 8 & N. Hospital) St. 2 Ward)

2. FULL NAME John Marr

(a) Residence No. 223 Mill St. 1 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 27 1928

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

17. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1928, to Jan 27, 1928 that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at 2 P M m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 23 - 1881

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diploc Pneumonia

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
46 3 4

CONTRIBUTORY (SECONDARY) 1913
W 109B (duration) yrs. mos. da. 8
Gen. State Warrant
Frank J. Johnson (duration) yrs. mos. da. 8

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Labor
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) New Madrid Mo
(STATE OR COUNTRY) mo

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? _____
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

10. NAME OF FATHER Sam Marr

11. BIRTHPLACE OF FATHER (CITY OR TOWN) New Madrid
(STATE OR COUNTRY) mo

12. MAIDEN NAME OF MOTHER Maggie Daugherty

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) New Madrid
(STATE OR COUNTRY) mo

WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) J. W. Perry, M. D.
, 19 (Address) Cape Girardeau

14. INFORMANT N Y Marr
(Address) New Madrid Mo

*State the DISEASE CAUSING DEATH, or if deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

15. FILED 1-29 28 W. C. Kauffman REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Fairmount Cemetery Jan 28 1928
20. UNDERTAKER ADDRESS
Larby F of U C Cape Girardeau Mo

1950

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Rape Gui
Township
City 1111 (No.)

Registration District No. 125
Primary Registration District No. 3009

File No. 1028
Registered No.
St. Ward)

2. FULL NAME

John Mave

(a) Residence. No. St., Ward.
(Usual place of (home) (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 M 4. COLOR OR RACE B 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

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

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

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

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

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT
(Address)

15. FILED 1/28, 19... W. K. ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 27 1928

17. I HEREBY CERTIFY That I attended deceased from 19... to 19... that I last saw h..... alive on 19... and that death occurred, on the date stated above at

THE CAUSE OF DEATH WAS AS FOLLOWS:

Septic Pneumonia
Shot thru chest by Police
Office (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. K. ..., M. D.
, 19 (Address) Cape Girardeau 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 DATE OF BURIAL

20. UNDERTAKER ADDRESS

CAREFULLY SUPPLIED. EXACTLY. PHYSICIANS SIGNATURE. OCCUPATION IS VERY IMPORTANT. RECEIVED A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW. REGIS. CAD

SUPPLEMENTARY

