MAR 21 1929

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

Do not use this space.

5847

1. PLACE OF DEATH

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

Township: Fishing River — Primary Registration District No. 3011 — Registered No. 19

City: Excelsior Springs, Mo. (No. ..... St. ..... Ward)

2. FULL NAME Edgar W. Marks

(a) Residence. (Usual place of abode) U.S.V. Hospital, Excelsior Springs, Mo. Ward. 2018 Jefferson, Kans. City, Mo. (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 10 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	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 7 – 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
61	61	4	11	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: paper hanger

(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): Illinois

PARENTS

10. NAME OF FATHER: Wm. Marks

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 (Address): deceased.

15. FILED 2/19 1929 Y. D. Craven, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 18, 1929 19

17. I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1929, to Feb. 18, 1929, 19 that I last saw him alive on Feb. 18, 1929, 19, and that death occurred, on the date stated above, at 10:10 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ulcerative Interocolitis

12 a B
12 a B
1140

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (SECONDARY): Hemorrhage into bowel.

(duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? unknown.

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? clinical and lab. findings

(Signed) H. D. Luse, M. D.
H. D. Luse, Med. Off. in Charge
Feb. 19, 1929 (Address) U.S.V. Hospital, Ex. 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: Independence Mo — DATE OF BURIAL: Jan 21 19 9

20. UNDERTAKER: John C. Prather, Excelsior Springs, Mo. — ADDRESS

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.