

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.

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

Do not use this space.

9085

1. PLACE OF DEATH

County Bellevue
Township Marshall
City Marshall

Registration District No. 796
Primary Registration District No. 3038

File No.
Registered No. 36
St. Ward)

2. FULL NAME

(a) Residence. No. 100 State School Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 27 yrs. 7 mos. 18 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

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)

Mar. 4, 1882

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

46

38

11

4

46

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

None

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Buckner
Jackson Co., Mo.

10. NAME OF FATHER

H. K.

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

H. K.

12. MAIDEN NAME OF MOTHER

H. K.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

H. K.

14. INFORMANT

(Address)

John H. McQuinn
Marshall Mo

15. FILED

2-15-29 Mrs. John H. McQuinn
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

2-8 19 29

17. I HEREBY CERTIFY That I attended deceased from March 5, 1929 to Feb. 8, 1929

that I last saw him alive on Feb. 7, 1929, and that death occurred, on the date stated above, at 5:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

Influenza

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF Feb

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) H. H. McQuinn, M. D.
18, 19 29 (Address) Marshall

*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

Independence, Mo. Feb. 10 19 29

20. UNDERTAKER

ADDRESS

Witchell Swann Marshall Mo.

