

5628 1929

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

Do not use this space.

11169

1. PLACE OF DEATH

County Jasper Registration District No. 411 File No. 11169
Township Joplin Primary Registration District No. 2002 Registered No. 107
City Joplin (In _____) St. _____ (Ward _____)

2. FULL NAME

Everett Donald Marney

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 2

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 14 - 1927

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
1 6 ✓

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) Joplin, Okla
(STATE OR COUNTRY)

10. NAME OF FATHER Carl Marney

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

12. MAIDEN NAME OF MOTHER Bessie Potter

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

14. INFORMANT Carl Marney
(Address) Joplin Okla

15. FILED 5-20-1929 Dr AB Clark
RECORDED

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 5 1929

17. I HEREBY CERTIFY, That I attended deceased from 3-3, 1929, to 3-5, 1929, that I last saw him alive on 3-5, 1929, and that death occurred, on the date stated above, at 2-30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenzal Meningitis

CONTRIBUTORY (SECONDARY) IB
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

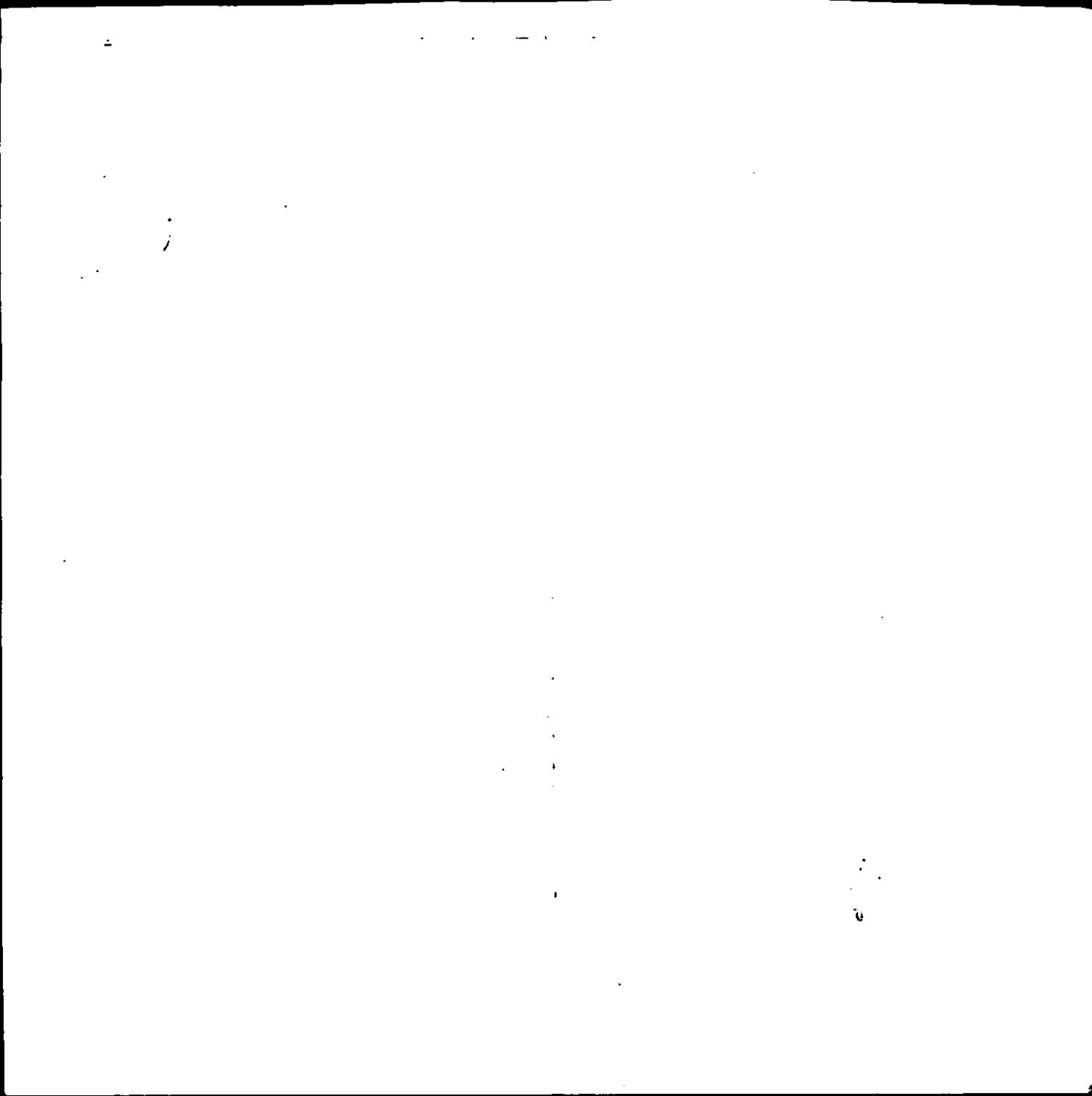
WHAT TEST CONFIRMED DIAGNOSIS? Culture from spinal fluid
(Signed) Stuart Wood, M. D.

*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 Hill Crest Cem DATE OF BURIAL Mar 6 1929

20. UNDERTAKER Porter W Clark ADDRESS Galena

Moody



**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 Jasper Registration District No. 411 File No. _____
 Townshp _____ Primary Registration District No. 2012 Registered No. 107
 City Joplin (No. _____) St. _____ Ward _____

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED S (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 14 - 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 3 21

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 5-20-1929 D. A. Black REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 5 - 1929

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 _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY) _____
 (duration) _____ yrs. _____ mos. _____ ds.

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) _____, M. D.

, 19 (Address)

*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 _____
 19

20. UNDERTAKER _____ ADDRESS _____

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL... ARE COMPLETE AS PRESCRIBED BY LAW

S-11169

10/10/10