

AUG 22 1929

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

Do not use this space.

23703

1. PLACE OF DEATH

County *Andrew*
Township *Empire*
City (No.) St. Ward)

Registration District No. *15*
Primary Registration District No. *5018*

File No.
Registered No. *12*

2. FULL NAME

Frank W. Marlow
(a) Residence No. *Union St RR* 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 (write the word) *Divorced*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Dec 9 - 1870*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 *7* *7*

8. OCCUPATION OF DECEASED *Farming*
(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) *Georgia*

10. NAME OF FATHER *Walter Marlow*

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

12. MAIDEN NAME OF MOTHER *Mary M. Marlow*

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

14. INFORMANT *Claude Marlow*
(Address) *Union St RR*

15. FILED *7/29* 19*29* *E. C. Jeffries* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *July 16 1929*

17. I HEREBY CERTIFY, That I attended deceased from *death when I arrived*
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:

Probably
Angina Pectoris
9/4/29 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) *89* (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? *no* DATE OF

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS *E. M. Reynolds*
(Signed) *E. M. Reynolds* M. D.

7/19 1929 (Address) *Union St RR*

*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

King City cem *7-19 1929*

20. UNDERTAKER ADDRESS

R. S. Taggart *King City*

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.

