12
4
7
BD 402 NEC

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

Do not use this space.

39842

1. PLACE OF DEATH
County Butler
Township ~~Poplar Bluff~~
City Poplar Bluff (No. ..... St. ..... Ward)

Registration District No. 89
Primary Registration District No. 3007

File No. .....
Registered No. 219

2. FULL NAME Ivory Marks
(a) Residence. No. 932 Alice 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. 8 mos. 22 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	colored	Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 20, 1929

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
0	8	22	

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

9. BIRTHPLACE (CITY OR TOWN) Poplar Bluff
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Jim Marks
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ark.
12. MAIDEN NAME OF MOTHER Louise ------
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ark.

14. INFORMANT Jim Marks
(Address) 932 Alice St.

15. FILED 12/13 1929 Dr B J Clue REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 12, 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 3:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Anterior Pelvic Myelitis

16 (duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY) [signature]
..... (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) [signature], M. D.
12-13, 1929 (Address) Poplar Bluff 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
City cemetery	Dec. 13 1929
20. UNDERTAKER	ADDRESS
A. W. Greer	Poplar Bluff, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

[illegible] Hitch [illegible] No.

Dec. 19, 50

OTC [illegible]

Dec. 15, 1950

5:30

5.

Portrait

Fax.

Tim [illegible]

Telephone

Forter Hitch

Lerert

Ingram

S

SS

Ingram

Dropped

0

Ingram

Dropped

Dutter

Kurt Smith

Robert Hitch

Robert Hitch

Ohio Valley

Tim [illegible]