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

Do not use this space.

28864

1. PLACE OF DEATH
County Stoddard — Registration District No. 836 — File No.
Township Liberty — Primary Registration District No. 6098a — Registered No. 67
City ~~Bernie~~ (No. ..... St. ..... Ward)

2. FULL NAME Marler

(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 Male ~~& Female~~
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) ✓

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-31-30

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 ~~day~~, 3 hrs. or ..... min.
00	00	00	

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) Bernie
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Ed Marler
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Wain Co Mo
12. MAIDEN NAME OF MOTHER Grace Williams
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Wain Co Mo

14. INFORMANT T. M. Marler
(Address) Bernie Mo R#2.

15. FILED 9/7, 1930 T. C. Albee REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-31- 1930

17. I HEREBY CERTIFY, That I attended deceased from 8-31-, 1930, to 9-1-, 1930 that I last saw her alive on 8-31-, 1930, and that death occurred, on the date stated above, at 2 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature

159 — 16 (duration) yrs. — mos. — ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
9 DID AN OPERATION PRECEDE DEATH? — DATE OF —
WAS THERE AN AUTOPSY? —
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) Dawsey Ryan, M. D
, 19 (Address) Bernie 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 Steven Chapple — DATE OF BURIAL 9-1 1930

20. UNDERTAKER B M Hopkins — ADDRESS Bernie 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.