

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.

NOV 21 1930

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

Do not use this space.

1. PLACE OF DEATH

County Clay  
Township Fishing river  
City Excelsior Springs (No. ....)

Registration District No. 198  
Primary Registration District No. 5777a

29422

File No. ....  
Registered No. 101  
St. .... Ward)

2. FULL NAME

Marion Lee Page  
(a) Residence. No. Clay Co. S.W. Excelsior Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 63 yrs. 7 mos. 19 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) Divorced.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 1 - 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
53 7 19

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

9. BIRTHPLACE (CITY OR TOWN) Clay Co.  
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Wyatt Marion Page

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

12. MAIDEN NAME OF MOTHER Susan J. Moore

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

14. INFORMANT Moses Page  
(Address) Excelsior Springs

15. FILED 10/10 19 30 J.H. Crocker  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 20 1930

17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19....., and that I last saw h. .... alive on ..... 19....., and that death occurred, on the date stated above, at ..... m.

167 THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Gun Shot - Suicide  
(at his home)  
(duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) 170  
(duration) .... yrs. .... mos. .... ds.

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

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....  
WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) D.L. Byers, M.D.  
9/21, 1930 (Address) Excelsior Springs, 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 Moore Cemetery  
DATE OF BURIAL Sept 21 1930

20. UNDERTAKER Herbert Hope  
ADDRESS Excelsior Springs, Mo.

