DEC 22 1930

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

Do not use this space.

35932

1. PLACE OF DEATH
County: Grundy — Registration District No. 330 — File No.
Township: — Primary Registration District No. 3017 — Registered No.
City: Trenton (No. 1606, E. 9th St. 4th Ward)

2. FULL NAME: Paul Perry Marlin
(a) Residence. No. 1606 E. 9th St., 4th 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
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~: Hazel Marlin
6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 13 - 1907
7. AGE: Years 23 | Months 04 | Days 07 | If LESS than 1 day, ... hrs. or ... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Salesman
(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): Grundy Co. Mo

PARENTS
10. NAME OF FATHER: Homer Marlin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Lola Thomas
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.

14. INFORMANT: Mrs P. P. Marlin
(Address): Trenton Mo.

15. FILED: Nov 25 30 1930 E. A. Dudley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov - 20 1930

17. I HEREBY CERTIFY, That I attended deceased from Not at all, 19..., to ..., 19..., that I last saw him alive on never, 19..., and that death occurred, on the date stated above, at 5:AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 163X
Found dead in the basement of his home from chloroform poisoning - self administered apparently suicide (duration) ~~Instantaneous~~ few minutes
CONTRIBUTORY (SECONDARY): None definitely known (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? Coroner Viewed remains
WHAT TEST CONFIRMED DIAGNOSIS? Clinical + history
(Signed) O. R. Rooks Coroner, M. D.
11-24, 1930 (Address) Trenton 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: Catholic Cemetery — DATE OF BURIAL: 11-23-1930
20. UNDERTAKER: Gepson Funeral Home — ADDRESS: Trenton 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.

THIS IS A PERMANENT RECORD