MAR 24 1931

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

Do not use this space.

542

1. PLACE OF DEATH
County Charlton — Registration District No. 177 — File No. 70
Township Triplett — Primary Registration District No. 5245 — Registered No. 36
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Edward D. Marcum
(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
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 Emma Marcum

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 28 1876

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
60	11	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Saw mill wright
(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)

PARENTS
10. NAME OF FATHER James Wm Marcum
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Ann Raley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ky.

14. INFORMANT Wm Marcum
(Address) Triplett Mo

15. FILED 1/20, 1931 R P Price REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 20 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1931, to Jan 20, 1931 that I last saw him alive on Jan 20, 1931, and that death occurred, on the date stated above, at 12 45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Intestinal Nephritis
121
121
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 131
(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) R P Price, M. D.
, 19 (Address) Triplett 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: Asbury Chapel Keytesville — DATE OF BURIAL: 1/4 1931

20. UNDERTAKER: W O Crotts — ADDRESS: Triplett Mo

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

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.