MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS 335
CERTIFICATE OF DEATH

Do not use this space.
13899

1. PLACE OF DEATH
County Harrison — Registration District No. 4198 — File No. [illegible]
Township Colfax — Primary Registration District No. 335 — Registered No.
City Blythedale (No. ..... St. ..... Ward)

2. FULL NAME Marion Bates Officer
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
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: Carrie Officer

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 25 - 1874

7. AGE: Years 56 — Months 8 — Days 0 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Harrison Co Missouri

PARENTS
10. NAME OF FATHER: Jas. B. Officer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ind
12. MAIDEN NAME OF MOTHER: Elizabeth Jones
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ky.

14. INFORMANT: Mrs Carrie Officer
(Address): Blythedale Mo

15. FILED 4/27 1931 L. J. Foster REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April - 25 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1931, to 4/25, 1931, that I last saw him alive on 4/25, 1931, and that death occurred, on the date stated above, at 10:45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Tuberculosis of Intestines

25 (duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (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? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) S S Lee, M. D
4/27, 1931 (Address) Blythedale 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: Cedar Hill Cemetery — DATE OF BURIAL: 4/27 1931

20. UNDERTAKER: Frank Y Cramer — ADDRESS: Eagleville 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.

MAY 23 1931