

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

Do not use this space

**1. PLACE OF DEATH**

County Stoddard  
Township Rock  
City                      (No.                     )

Registration District No. 834  
Primary Registration District No. 6097

File No. 20279  
Registered No.                       
St.                      Ward                     

**2. FULL NAME**

Ira Burnace Marlow

(a) Residence. No.                      St.                      Ward                       
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 74 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) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 7 1927

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	3	8	20	

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) Ind  
(STATE OR COUNTRY)                     

PARENTS	10. NAME OF FATHER <u>Fredt Marlow</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Ind</u> (STATE OR COUNTRY) <u>                    </u>
	12. MAIDEN NAME OF MOTHER <u>Mattie Dayton</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Ind</u> (STATE OR COUNTRY) <u>                    </u>

14. INFORMANT Gene H Marlow  
(Address) Belle City, Mo

15. FILED 6-3-1931 N. McKearly  
REGISTERAR

**1. MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/27 1931

17. I HEREBY CERTIFY, That I attended deceased from 5/24, 1931, to 5/27, 1931, that I last saw                      alive on 5/26, 1931, and that death occurred, on the date stated above, at 7 a m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Enterocolitis  
1203

CONTRIBUTORY (SECONDARY) 120  
(duration) yrs. mos. ds. 6

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) J. A. Clane M. D.  
6-2-1931 (Address) Oran 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 <u>Hymecia Ind</u>	DATE OF BURIAL <u>May 29 1931</u>
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20. UNDERTAKER <u>John Allerton</u>	ADDRESS <u>Seaton Mo</u>
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N. B.—Every item of information should be carefully supplied. AGE should be stated exactly. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 29 1931

