

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. JUL 22 1931

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

Do not use this space.

20665

1. PLACE OF DEATH

County Buchanan, Registration District No. 85
 Township _____ Primary Registration District No. 1001
 City St. Joseph, (No. St. Joseph's Hospital)
 St. _____ Ward _____

File No. _____
 Registered No. 682

2. FULL NAME Nimrod F. Maris

(a) Residence, No. _____ St. _____ Ward. Savannah, Mo.
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. 8 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 Jessie B. Maris,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30, 1876

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>54</u>	<u>10</u>	<u>27</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm,

10. Date deceased last worked at this occupation (month and year) June 1931 11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew County, Missouri,

13. NAME Lewis Maris,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Pennsylvania,

15. MAIDEN NAME Martha Ann Farrow,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maysville, Kentucky,

17. INFORMANT Mrs. N. J. Maris (ADDRESS) R. F. D. # 3, Savannah, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Savannah, Mo. DATE June 28, 1931

19. UNDERTAKER Heaton-Betts, 43 Bowman (ADDRESS) 319 S. 10 St. Funeral Home

20. FILED 6-27-31, 19 John A. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

5
21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1931, to June 27, 1931
 I last saw him alive on June 26, 1931. Death is said to have occurred on the date stated above, at 6:50 a.m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Pancreas with metastases thru out abdomen including liver - 12:15 p.m. 1931
 Date of onset _____
 Other contributory causes of importance: Intestinal obstructions of Stomach

Name of operation Enterotomy Date of June 22, 31
 Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____
 Where did injury occur? no (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify H. J. Thompson
 (Signed) E. C. Charles, M. D.
 (Address) _____

