

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

Do not use this space.
25154

1. PLACE OF DEATH

County Jackson
Township Raw-
City Kansas City (No. Terminal yards)

Registration District No. 389
Primary Registration District No. 1607

File No. _____
Registered No. 3154
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1200 Cliff St. 3 Ward. [MARRS]
(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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 21-1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 9 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railway Express
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marionville Mo

MOTHER 13. NAME Heeran J. Marris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Albany Mo.

15. MAIDEN NAME Clara J. Watkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marionville Mo

17. INFORMANT (ADDRESS) Mildred B. Marris
1200 Cliff St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kang City Mo DATE July 21 1931

19. UNDERTAKER (ADDRESS) W. C. Marris

20. FILED 7-21- 1931 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH Monday

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-20 1931

22. I HEREBY CERTIFY that Deputy attended deceased from _____, 19____

I last saw him _____ alive on _____, 19____ Death is said

to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

accidental Rail Road Date of onset
fracture of T.P.V. 1st
2:07 PM

Other contributory causes of importance:
Run over by train while
working

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury 7/20 1931

Where did injury occur? KC Mo (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? _____

If so, specify _____

(Signed) Stanley M. Hall M. D.

(Address) Deputy Coroner

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.

