

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

Do not use this space.

9261

1. PLACE OF DEATH

64 County Marion Registration District No. 551 File No. \_\_\_\_\_  
Township Round Grove Primary Registration District No. 5744 Registered No. 1  
City Maywood (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(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

2 MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10 29 1843

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
88 5 15

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. Farming

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation all

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maywood 1

13. NAME William Marksberry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Phoebe Bunker

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

17. INFORMANT (ADDRESS) G. S. Marksberry

18. BURIAL, CREMATION, OR REMOVAL PLACE Emerson DATE May 15 1932

19. UNDERTAKER (ADDRESS) J. H. Chamberlain

20. FILED Jan. 14 1932 J. M. Crebs Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 14 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28 1931 to Feb. 28 1932  
I last saw him alive on Feb. 28 1932 Death is said to have occurred on the date stated above, at 10:30 A.M.  
The principal cause of death and related causes of importance were as follows:

Gangrene of foot Date of onset 2-5-31  
59  
980 59  
Other contributory causes of importance: Probably diabetic mel

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Am. S. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Maywood Mo.

Manner of injury ✓  
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_

(Signed) J. H. Chamberlain, M. D.  
(Address) Paris, Mo.

APR 28 1932

CAUSE OF DEATH IN PRINT TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED

