

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

Do not use this space.

9607

1. PLACE OF DEATH

82 County Pike Registration District No. 685
2 Township calumet Primary Registration District No. 4409
6 City Clarksville (No. _____, _____ St. _____ Ward)

File No. 23
Registered No. 9

2. FULL NAME Mary Lee Marrow

(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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Marrow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 19, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
66 I 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Pike Co. Mo. 1

FATHER 13. NAME J. H. Norvell 2

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

MOTHER 15. MAIDEN NAME Katherine Roach

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co. Mo 1

17. INFORMANT H. S. Norvell (ADDRESS) Clarksville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clarksville DATE 3/25/1932/.

19. UNDERTAKER I. H. Brown (ADDRESS) Clarksville Mo.

20. FILED 3-31 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/23/1932

22. I HEREBY CERTIFY, That I attended deceased from 1926, 19____, to Feb 23, 1932.
I last saw her alive on Mar 23, 1932. Death is said to have occurred on the date stated above, at 1:50p m.
The principal cause of death and related causes of importance were as follows:

apoplexy
83 P
J. H. Norvell
Other contributory causes of importance: _____
Date of onset _____

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 _____, 19____
Where did injury occur? _____ (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 _____
(Signed) J. H. Norvell, M. D.
(Address) Clarksville 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.

62-281932

