V. S. No. 2. MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MAY 24 1932

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

Do not use this space.

Dr. Patterson

File No. 12249

Registered No. 281

1. PLACE OF DEATH

39 County Greene — Registration District No. 318

3 Township — Primary Registration District No. 2001

5 City Springfield Mo. (No. 605 E. Page St. Ward)

2. FULL NAME Chas. W. Marrow

(a) Residence, No. 605 E. Page St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: 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~~ Dexter Marrow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 24 1879

7. AGE: YEARS 52 | MONTHS 5 | DAYS 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) 1922

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galacia Illinois

FATHER

13. NAME Wilson Marrow

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

MOTHER

15. MAIDEN NAME Edith Gordon

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

17. INFORMANT (ADDRESS) Mrs Dexter Marrow Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE April 12 1932

19. UNDERTAKER (ADDRESS) Alma Lohmeyer F. Home 534 St. Louis

20. FILED 4-12, 1932 Ron Tharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1 1932

22. I HEREBY CERTIFY, That I attended deceased from April 7th, 1932, to April 10th, 1932

I last saw him alive on April 10th, 1932 Death is said to have occurred on the date stated above, at 1:30 P. m.

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

	Date of onset
Pleuro-Pneumonia	4/6/32
Broncho	
11A	
10A	
10A	

Other contributory causes of importance:

Influenza	4/5/32

(1)

Name of operation None 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?

If so, specify

(Signed) W. P. Patterson, M. D.

(Address) Springfield Mo