

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

Do not use this space.

20628

**1. PLACE OF DEATH**

County St. Francois  
Township Berry  
City Bonne Terre, Mo. (No. ....)

Registration District No. 445  
Primary Registration District No. 0020

File No. ....  
Registered No. 51  
St. .... Ward)

**2. FULL NAME**

Robert Hillman Markle

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 21, 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
1 10 3

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bonne Terre, Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER Hillman Markle

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Bonne Terre, Mo.

12. MAIDEN NAME OF MOTHER Velma Emery

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Jonestown, Ark.

14. INFORMANT (Address) Mr. Louis Markle  
Bonne Terre, Mo.

15. FILED Apr 16, 1932 G. C. Son REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 24, 1932

17. I HEREBY CERTIFY, That I attended deceased from June 19, 1932, to June 24, 1932, and that I last saw him alive on June 24, 1932, and that death occurred, on the date stated above, at 5:15 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute Ill's Colitis

119B / 119 (duration) yrs. mos. 5 da.

CONTRIBUTORY (SECONDARY) unknown (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED (1)  
IF NOT AT PLACE OF DEATH... X

DID AN OPERATION PRECEDE DEATH? no. DATE OF... X

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS? Physian's Report  
(Signed) A. R. Emery, M.D.

6-26, 1932 (Address) Bonne Terre, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bonne Terre Cemetery DATE OF BURIAL 6/26 1932

20. UNDERTAKER Bertram Wood ADDRESS Bonne Terre, 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.

APR 27 1932

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

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The undersigned, being duly sworn, depose and say that the within and foregoing is a true and correct copy of the original of the same as the same appears from the records of the Court of the said County of ... State of ...

Witness my hand and the seal of the said Court at the City of ... State of ... this ... day of ... 1940.

\_\_\_\_\_  
 Clerk of the Court