

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

Do not use this space.

33335

1. PLACE OF DEATH  
 County St Charles Registration District No. 760  
 Township Dardenne Primary Registration District No. 6001  
 City Cottleville No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME John Marx  
 (a) Residence, No. Cottleville Mo St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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. (If nonresident, give city or town and State)

**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 Mrs. John Marx

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14 - 1860

7. AGE YEARS 77 MONTHS 7 DAYS 29 If LESS than 1 day, X hrs. or min.

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. \_\_\_\_\_

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) Cottleville Mo

13. NAME Adam Marx

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT Mrs. John Marx  
 (ADDRESS) Cottleville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cottleville DATE Oct. 15, 1932

19. UNDERTAKER (ADDRESS) O. A. Bethley  
274 S. Main St. Mo

20. FILED 10/15 1932 W. Caldwell  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 13 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1932 to Oct 13 1932  
 I last saw him alive on Oct 1 1932 Death is said to have occurred on the date stated above, at 6 A m.  
 The principal cause of death and related causes of importance were as follows:  
Don't know  
Interstitial Nephritis  
131  
132  
 Other contributory causes of importance:  
Drugs + Poisoning  
Arteriosclerosis of long standing

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in the following:  
 Accident, suicide, or homicide? no Date of injury no 19 \_\_\_\_\_  
 Where did injury occur? no (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. P. Farnen M. D.  
 (Address) 274 S. Main St. Mo

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.

NOV 28 1932

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