

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

Do not use this space.

36696

1. PLACE OF DEATH

81 County Platte Registration District No. 675
Township St James Primary Registration District No. 5904
City Soldiers Home (No. _____) St. _____ Ward _____

2. FULL NAME

Mary E. Marler
(a) Residence, No. Soldiers Home St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 6 mos. 17 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) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/24/1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0-4 1 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____ 188

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Member of Soldiers Home

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) Missouri 1

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 31

15. MAIDEN NAME unknown

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

17. INFORMANT O. V. Deall
(ADDRESS) St James Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Nevada Mo DATE 11-23-1932

19. UNDERTAKER James 2d Ten Eyck
(ADDRESS) St. James Mo

20. FILED 11-23-1932 Henry H. Hallert
Registrar

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 22 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1932, to Nov 22, 1932

I last saw him alive on Nov 22, 1932 Death is said to have occurred on the date stated above, at 8 P m.

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

Chronic Intestinal Myofibrosis Date of onset 1930
131 / 131
Other contributory causes of importance: 1

Name of operation _____ Date of _____
What test confirmed diagnosis? Chemical 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.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) William H. Beeler, M. D.
(Address) St James, 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.

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

JAN 9 1933

