

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

Do not use this space.

8629

1. PLACE OF DEATH

County Bushaw
Township St Joseph
City St Joseph

Registration District No. 85
Primary Registration District No. 1001

File No.
Registered No. 355
St. Ward)

2. FULL NAME

Leonard Nevins Market
(a) Residence, No. St., Ward. Oregon mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 7 1896</u>		
7. AGE YEARS <u>24</u>	MONTHS <u>5</u>	DAYS <u>24</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Grain Farming</u>		
10. Date deceased last worked at this occupation (month and year) <u>About Nov 15 1920</u>		11. Total time (years) spent in this occupation. <u>20%</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Oregon Missouri</u>		
13. NAME <u>Daniel Markt</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Oregon Missouri</u>		
15. MAIDEN NAME <u>Betha A. Knabe</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Maitland Missouri</u>		
17. INFORMANT <u>Betha A. Markt</u> (ADDRESS) <u>Oregon mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oregon mo</u> DATE <u>Mar 31 1923</u>		
19. UNDERTAKER <u>Fester Pettigash</u> (ADDRESS) <u>Oregon mo</u>		
20. FILED <u>3-31 1923</u> <u>John R. Bender</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 31 1923

22. I HEREBY CERTIFY, That I attended deceased from March 5 1923 to March 31 1923
I last saw him alive on March 21 1923. Death is said to have occurred on the date stated above, at 5 P. M.
The principal cause of death and related causes of importance were as follows:
Septic Peritonitis
Perforated Gang. Appendicitis
Other contributory causes of importance:
Perforated Gang. Appendicitis

Name of operation Appendectomy Date of Mar 25
What test confirmed diagnosis? Was there an autopsy? Yes

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) W. F. Schmidt, M. D.
(Address) St Joseph 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.

