

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.

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

Do not use this space.

9130

1. PLACE OF DEATH

County Gasconade
Township Gasconade
City Marionville, Mo. (No. 4184)

Registration District No. 305

Primary Registration District No. 4184

File No. _____

Registered No. 9

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

St. _____

Ward _____

(If nonresident, give city or town and State)

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)

Single

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

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

3-24-1933

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

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

none

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)

Marionville, Mo.

MOTHER

13. NAME

Marion Rice Bates

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

Marionville, Mo.

15. MAIDEN NAME

Virgil Violet Carwile

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

Osage Co., Mo.

17. INFORMANT (ADDRESS)

William L. Lantieri, Marionville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Marionville, Mo.

DATE

3-26-1933

19. UNDERTAKER (ADDRESS)

J. J. Kerrell, Marionville, Mo.

20. FILED

3-24-1933

Registrar

MEDICAL CERTIFICATE OF DEATH

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

3-24-1933

22. I HEREBY CERTIFY, That I attended deceased from

3-25-1933 to 3-26-1933

I last saw him alive on 3-26-1933 Death is said

to have occurred on the date stated above, at 6:00 a.m.

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

Date of onset

Premature Birth

Other contributory causes of importance:

Name of operation

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)

(Address)

M. D.

J. J. Kerrell
Marionville, Mo.

