

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

Do not use this space.

10499

APR 24 1933

1. PLACE OF DEATH

County Madison
Township Pack
City Marionville (No. St. Francis Hospital)

Registration District No. 625
Primary Registration District No. 3031

File No. _____
Registered No. 33
St. _____ Ward _____

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 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) Mar-10-1928
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 3

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

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

15. MAIDEN NAME Agnes Adkins

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

17. INFORMANT Harold Nicholas
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashton Ind DATE Mar 13 1933

19. UNDERTAKER Cummings Funeral
(ADDRESS) Marionville Mo

20. FILED 3-13 1933 Mamie Eckerd
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 15th 1933
22. I HEREBY CERTIFY, That I attended deceased from Mar 10th 1933, to Mar 13th 1933
I last saw h. l. h. alive on Mar 13th 1933. Death is said to have occurred on the date stated above, at 4:20 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset _____
Convulsions from prolonged cerebral pressure and difficult birth. Hemophilia
Other contributory causes of importance: 1600 Maternal Nephritis and hyperthyroidism

Name of operation Distomental Adv. date of Mar 10th 1933
What test confirmed diagnosis? Synphar. 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) E. V. Martin, M. D.
(Address) Marionville 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.

