

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.

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La. H. H.

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

Do not use this space.

1. PLACE OF DEATH

County Butte Registration District No. 50
Township W. B. ~~W. B.~~ Primary Registration District No. 3004
City Butte (No. _____) St. _____ Ward _____

File No. 18862
Registered No. 35

2. FULL NAME

Joseph B. March
(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 <u>Male</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lora March</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 13 1865</u>		
7. AGE YEARS <u>67</u>	MONTHS <u>2</u>	DAYS <u>19</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Surveyor</u>		
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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1 1933
22. I HEREBY CERTIFY that I attended deceased from May 26th 1933 to June 1st 1933
I last saw him alive on July 1st 1933 Death is said to have occurred on the date stated above, at _____
The principal cause of death and related causes of importance were as follows:

Lobar pneumonia
108
108
Date of onset _____
Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
13. NAME <u>Thelie March</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
15. MAIDEN NAME <u>Sarah Dr. Jarnett</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
17. INFORMANT (ADDRESS) <u>Mrs. J. B. March</u> <u>Butte, Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <u>Oak Hill</u> _____
19. UNDERTAKER (ADDRESS) <u>Culver</u> <u>Butte Mo.</u>
20. FILED <u>June 3 1933</u> <u>Thelie L. Culver</u> Registrar.

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) H. J. Leflore M. D.
(Address) Butte, Mo.

MAR 23 1940