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.

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

Do not use this space.

26048

1. PLACE OF DEATH

County DeKalb — Registration District No. 259 — File No. 13

Township Camden — Primary Registration District No. (53598) (4158) — Registered No.

City ~~Maysville~~ (No. , St. Ward)

2. FULL NAME Marsden A. Larey

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 16 1868

7. AGE: YEARS 64 — MONTHS 10 — DAYS 9 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant
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): Iatan Missouri

FATHER
13. NAME: J.A.J.Larey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): S.Carolina

MOTHER
15. MAIDEN NAME: Anna Hudson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): A.J.McCrea, Maysville Mo

18. BURIAL, CREMATION, OR REMOVAL: Oak Lawn, Maysville DATE 8/27 1933

19. UNDERTAKER (ADDRESS): U.G.Pilcher, Maysville Mo

20. FILED 8/26 1933 J.J. Phelps Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 25 33, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
I last saw Called as Corner after death alive on , 19 . Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Self inflicted gun shot wound through heart.

167

Date of onset

Other contributory causes of importance:

167

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? Suicide Date of injury 8/25-33
Where did injury occur? Maysville DeKalb Co. Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In place of business
Manner of injury Gun shot wound
Nature of injury Self inflicted, Amt. Pen.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) L. E. Saunders, M. D.
(Address) Stewartsville Mo
Coroner of DeKalb Co. Mo