

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

Do not use this space.

26314

1. PLACE OF DEATH
 48 County Jackson Registration District No. 398
 55 Township Beaumont Primary Registration District No. 3019
 80 City Independence (No. _____) St. _____ Ward _____

2. FULL NAME John P. Marress
 (a) Residence, No. 402 East Walnut 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Marress
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-19-1868
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 3 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Welder
 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 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
Indiana

13. NAME John Marress

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
North Carolina

15. MAIDEN NAME Margaret Knight

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
South Carolina

17. INFORMANT John P. Marress
 (ADDRESS) 402 East Walnut

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE Aug 23-1933

19. UNDERTAKER Carson Funeral Home
 (ADDRESS) Independence Mo

20. FILED 7-28-33 F. L. Cook
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on Sept 19, 19____. Death is said to have occurred on the date stated above, at 9 P. m.

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

Cerebral Hemorrhage Date of onset _____

Other contributory causes of importance:
930
870
930
930

Name of operation _____ Date of _____
Tracheostomy
Genital Arteriosclerosis

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) Vincent J. Petya, M. D.

(Address) 813 Lee Summit, 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.

SEP 26 1933

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