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

Do not use this space.

27107

File No. .....

Registered No. 36

1. PLACE OF DEATH

County Morgan — Registration District No. 598

Township Moreau — Primary Registration District No. 4355

City Versailles (No. ..... St. ..... Ward)

2. FULL NAME Mary A. Marriott

(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 FM

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF E. S. Marriott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 23-1850

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 82 | 10 | 8 | |

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) Indiana

FATHER

13. NAME Joshua Spicer

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

MOTHER

15. MAIDEN NAME No. Record

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

17. INFORMANT (ADDRESS) Ira Frisby Versailles, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Nebo DATE Sept 1 1933

19. UNDERTAKER (ADDRESS) W. F. Kidwell Versailles, Mo

20. FILED 9-1 1933 H N Lutman Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933, to Aug 31, 1933

I last saw her alive on Aug 31, 1933. Death is said to have occurred on the date stated above, at 10 25 A m.

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

Pulmonary Tuberculosis — Date of onset

V3 R

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? Sests 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) S. A. Newton, M. D.

(Address) Versailles Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACT[illegible] CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 20 1933

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