

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

Do not use this space.

**28556**

**1. PLACE OF DEATH**

105 County State  
Township East  
City (No.         )

Registration District No. 836  
Primary Registration District No. 6100

File No. 43  
Registered No. 43  
St.          Ward         

**2. FULL NAME**

Catherine Marie  
(a) Residence, No.          St.          Ward           
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 19-37

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
1 0 12

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) Indio, Mo.

13. NAME Ruben Marks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indio, Mo.

15. MAIDEN NAME Nora Lee Lewis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indio, Mo.

17. INFORMANT (ADDRESS) Ruben Marks

18. BURIAL, CREMATION, OR REMOVAL PLACE          DATE 8-31-33

19. UNDERTAKER (ADDRESS) C. O. Buggs

20. FILED 8-31-33 Registrar         

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-31, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-17 to 31 Aug 31

I last saw him alive on Aug 29, 1933 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:  
Iles Colitis  
29 29A  
11 11B  
Other contributory causes of importance:  
Tubercular Gastritis

Name of operation          Date of operation           
What test confirmed diagnosis?          Was there an autopsy?         

23. If death was due to external cause (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) J. P. Brandon, M. D.  
(Address)         

WRITE PLAINLY WITH UNFADING INK 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  
SEP 26 1933

Date of onset 8/1

Filmore Green

