

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.

MAR 24 1934

1. PLACE OF DEATH

County Carroll  
Township Bridge  
City Boonville (No. ....)

Registration District No. 124  
Primary Registration District No. 4075

File No. 4206  
Registered No. 4 St. .... Ward)

2. FULL NAME

Marion S. Sulver

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Myelenna Sulver  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-16-1859  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
74 1 26

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. Retired Farmer  
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) MO

13. NAME Samuel Sulver

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

15. MAIDEN NAME Mary Shiner

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

17. INFORMANT Mr. Tenna Sulver (ADDRESS) Boonville, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Big Creek DATE Feb. 14 1934

19. UNDERTAKER Wm. H. Langford (ADDRESS) Boonville, MO

20. FILED Feb. 13 1934 Mrs. Bess Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-12 1934  
22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1933 to Feb 12 1934  
I last saw him alive on Feb 12 1934 Death is said to have occurred on the date stated above, at 12:00 m.

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

Myocarditis Date of onset 9:30  
Other contributory causes of importance: 9:30

Name of operation ..... Date of .....  
What test confirmed diagnosis clinical (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? .....

If so, specify at Boonville (Signed) Bess Brown M. D.

(Address) Boonville MO

