

MAR 24 1934

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

Do not use this space.

4642

1. PLACE OF DEATH

County BrunkleyRegistration District No. 328Township Trenton Mo.Primary Registration District No. 3017City Trenton Mo. (No.)

St. Ward)

2. FULL NAME

(a) Residence, No. Mr. Marsh Mo 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

Male

4. COLOR OR RACE

White

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

Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

April 7-1904

7. AGE

19 YEARS

MONTHS

9

DAYS

25

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Student

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)

Missouri

MOTHER FATHER

13. NAME

James Morris

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

Mo

15. MAIDEN NAME

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

Mo

17. INFORMANT (ADDRESS)

Gas. Morris

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sharon Only DATE 2-4 1934

19. UNDERTAKER (ADDRESS)

J.M. Chambers
Mr. Marsh Mo

20. FILED

2-3 1934 Drene D. Jew

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 2 193422. I HEREBY CERTIFY, That I attended deceased from Jan. 22 1934 to Feb. 2 1934I last saw him alive on Feb. 2 1934 Death is saidto have occurred on the date stated above, at 6:30 p.m.

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

Gangrenous Appendicitis

Date of onset

Other contributory causes of importance:

Name of operation Appendectomy Date of 1-22-34
What test confirmed diagnosis? operation Was there an autopsy? No23. 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)

E. H. Houlter

, M. D.

(Address)

Trenton Mo.

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.

