25 1934

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.

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

Do not use this space.

4705

1. PLACE OF DEATH
County Holt — Registration District No. 371 — File No.
Township Clay — Primary Registration District No. [illegible] — Registered No.
City Maitland (No. ..., ... St. ..... Ward)

2. FULL NAME Mrs. Frances Isabel Marion.
(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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. Lyman Marion
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/18/1864
7. AGE YEARS 69 MONTHS 2 DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) 2-13-1934
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Oregon, Mo.

FATHER
13. NAME Wilkins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Elizabeth Carrol
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Oregon, Mo.

17. INFORMANT (ADDRESS) Dayle Marion
18. BURIAL, CREMATION, OR REMOVAL PLACE Maitland K.P. DATE 2/16/1934
19. UNDERTAKER (ADDRESS) Campbell Funeral Home Maitland, Mo.
20. FILED 3/4 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feby 14, 1934
22. I HEREBY CERTIFY, That I attended deceased from Feby 14, 1934, to Feby 14, 1934
I last saw h. [illegible] alive on Feby 14, 1934. Death is said to have occurred on the date stated above, at 3:27 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis (?)	
[illegible]	
Other contributory causes of importance: unknown	

Name of operation none Date of ✓
What test confirmed diagnosis? Consultation 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) Ira Williams, M. D.
(Address) L. Bx #58 Maitland, Mo