

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.

MAR 24 1934

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

Do not use this space.

4927
652

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1003
 City Kansas City Mo. (No. 1316 Summitt) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME Hiram Jeffrey Marrs

(a) Residence, No. 1316 Summitt 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara Jane Marrs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 13, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 4 26

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. Retired Farmer
 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) Albany Missouri

13. NAME Elija Marrs

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs Clara Marrs (ADDRESS) 1316 Summitt

18. BURIAL, CREMATION, OR REMOVAL PLACE Butler Cemetery King City, Mo DATE _____

19. UNDERTAKER R. V. Lindsey & Sons (ADDRESS) 3811 Broadway K. C. MO

20. FILED Feb 10 19 34 mm Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 9, 1934

22. I HEREBY CERTIFY that I attended deceased from _____, 19____
 I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 8:25 P.m.

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

Basal Cell Carcinoma of the face
52

Other contributory causes of importance: 52

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

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 _____

(Signed) [Signature], M. D.
 (Address) [Signature]

