

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

Do not use this space.

9669

APR 25 1934

1. PLACE OF DEATH

County Marion
Township Miller
City Marion (No. 1040)

Registration District No. 1040
Primary Registration District No. 2276

File No. 1
Registered No. 1
St. Marion Ward 1

2. FULL NAME

(a) Residence, No. 1040 St. Marion Ward 1
(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 F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 4 - 1894
7. AGE YEARS 60 MONTHS 6 DAYS 1 If LESS than 1 day, hrs. 1 or min. 1

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. Wife
10. Date deceased last worked at this occupation (month and year) Mar 17 1934 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Mo

13. NAME David M. Martin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Anna E. Martin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) O. J. Martin

18. BURIAL, CREMATION, OR REMOVAL PLACE Red Cross DATE Mar 17 1934

19. UNDERTAKER (ADDRESS) W. H. Hickley

20. FILED Mar 17 1934 Curtin Kelm Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 16 1934

22. I HEREBY CERTIFY, That I attended deceased from 1934 to 1934
I last saw him alive on 1934 Death is said to have occurred on the date stated above, at 5 a. m.

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

Had no sleep at all
at present time
Cancer
535

Other contributory causes of importance:

Name of operation stroke Date of 1934
What test confirmed diagnosis? stroke Was there an autopsy? no

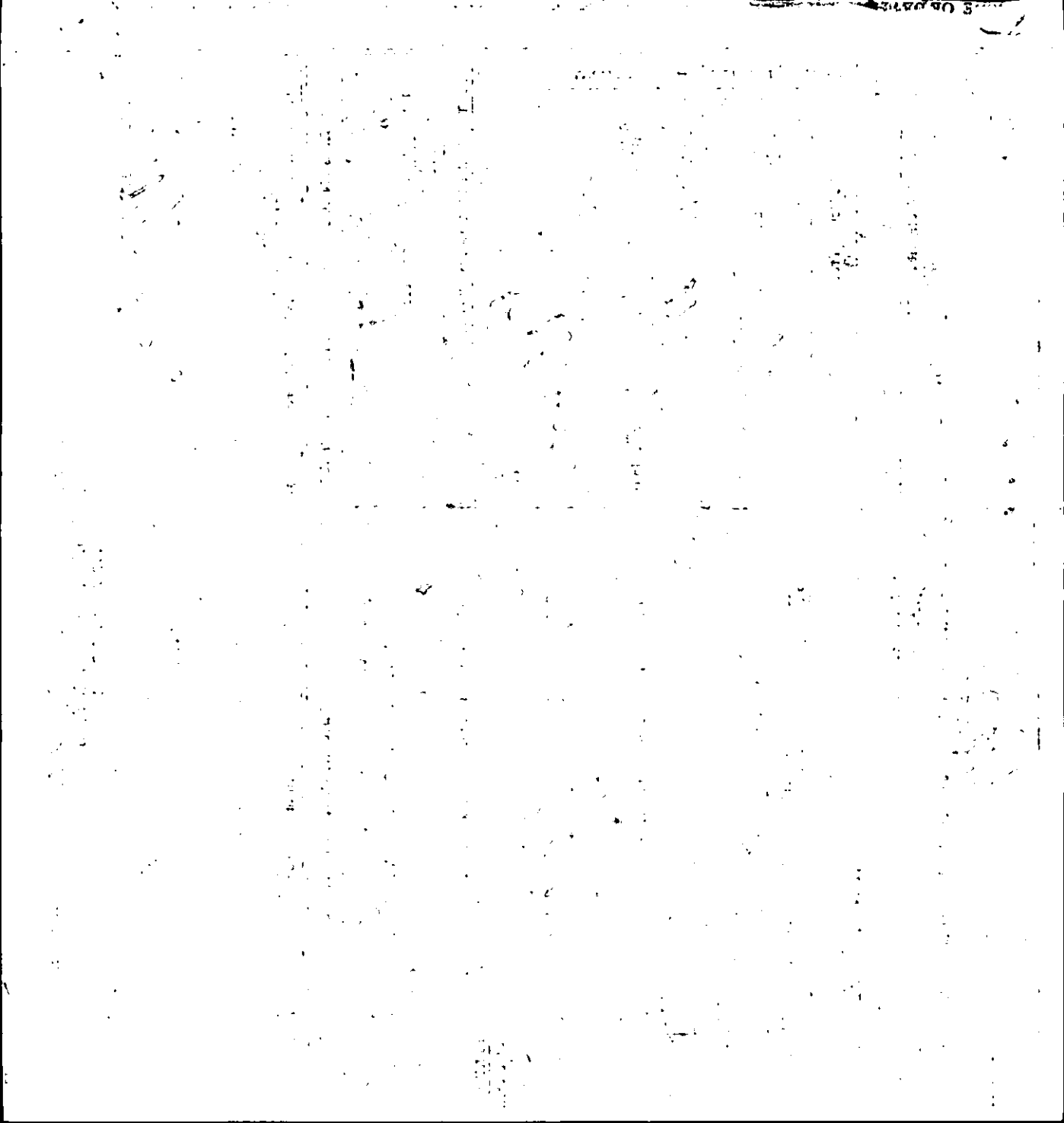
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury 1934

Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury stroke
Nature of injury stroke

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no
(Signed) O. J. Martin
(Address) Marion Mo



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ALL INFORMATION CALLED
 FOR MUST BE WRITTEN ON
 THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Marion
 Township Miller
 City (No. St. Ward)

Registration District No. 1046
 Primary Registration District No. 6276

File No. 9669
 Registered No.

2. FULL NAME

(a) Residence, No.
 (Usual place of abode)

St. Ward

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 4, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 60 6

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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co Mo

13. NAME Leander Marston

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

15. MAIDEN NAME Jane E. Barnett

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

17. INFORMANT (ADDRESS) C. L. Barnett

18. BURIAL, CREMATION, OR REMOVAL PLACE Red School DATE Mar 17, 1934

19. UNDERTAKER (ADDRESS) M. H. Hickney

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

I last saw him alive on , 19 . Death is said

to have occurred on the date stated above, at 5:41 m.

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

Had no physician at present time
Cancer
 Other contributory causes of importance:

Date of onset

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

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)

(Address)

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