

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

Do not use this space.

11614

APR 25 1934

1. PLACE OF DEATH

County Stoddard Registration District No. 836
Township ELK Primary Registration District No. 6100
City (No. _____) St. _____ Ward _____

File No. 26
Registered No. 26

2. FULL NAME Richard Marse

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elzia Marse</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1869 - unknown</u>		
7. AGE	YEARS	MONTHS
	<u>65</u>	<u>unknown</u>
		DAYS
		<u>unknown</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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)	<u>Illinois</u>	
MOTHER	13. NAME <u>Jack Marse</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>USA</u>	
	15. MAIDEN NAME <u>unknown</u> <u>Tunnins</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>USA</u>	
17. INFORMANT <u>Roy Marse</u> (ADDRESS) <u>Corona, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Parma Cemetery</u> DATE <u>Mar 28 - 34</u>		
19. UNDERTAKER <u>J. C. Knight</u> (ADDRESS) <u>Parma, Mo</u>		
20. FILED <u>RJA</u> 11, 19 <u>34</u> <u>Alvin W. Allen</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 26 - 1934

22. I HEREBY CERTIFY, That I attended deceased from August 1933 to Mar 26, 1934
I last saw him alive on Dec 16, 1933 Death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:
myocarditis
Date of onset _____

Other contributory causes of importance:
9301

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 Heart attack
(Signed) Alvin W. Allen, M. D.
(Address) Parma, 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.

