MAY 25 1934

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

Do not use this space.

File No. 13928

Registered No. 53

1. PLACE OF DEATH
County: Randolph
Registration District No.: 735
Primary Registration District No.: 3034
Township:
City: Moberly (No. Woodland Hospital St. Ward)

2. FULL NAME: Philip G. Marr
(a) Residence, No. Woodland Hospital St. Ward. Paris, Missouri (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 4 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): Dec 15 - 1851

7. AGE: Years 82 Months 3 Days 17 If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Notary Public
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): May 29 - 1934
11. Total time (years) spent in this occupation: 2 b

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER
13. NAME: Rueben Marr.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

MOTHER
15. MAIDEN NAME: Matilda Green
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

17. INFORMANT (ADDRESS): Fan Yerrell Paris Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Paris Mo. DATE: April 2 1934

19. UNDERTAKER (ADDRESS): Speed & Bliley Paris Mo

20. FILED: 4/2 1934 Virginia Walker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr - 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 29th 1934, 19..., to April 2nd 1934, 19...
I last saw him alive on April 2nd 1934, 19... Death is said to have occurred on the date stated above, at 12:35 P m.
The principal cause of death and related causes of importance were as follows:

Bronchó-Pneumonia (Influenza) — Date of onset Mar28

Other contributory causes of importance:
Arteriosclerosis
Renal Insufficiency

Name of operation: Date of:
What test confirmed diagnosis? Clinical 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) Thos L. Fleming, M. D.
(Address) Moberly, 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.