

141  
MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not fill in this space.  
20154

Dr. J. A. Harrison  
File No. \_\_\_\_\_  
Registered No. 10.  
St. \_\_\_\_\_ Ward)

1. PLACE OF DEATH

County Greene Registration District No. 321  
Township Clay Primary Registration District No. 5444  
City Galloway, Missouri

2. FULL NAME

Carol Ann Mariset

(a) Residence, No. Galloway Mo. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3 - 1934

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
		<u>2</u>	<u>3</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child  
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) Galloway Mo.

13. NAME Raymond Mariset

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

15. MAIDEN NAME Helen Walker

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

17. INFORMANT (ADDRESS) Mrs. Raymond Mariset Galloway Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Galloway Mo. DATE June 7, 1934

19. UNDERTAKER (ADDRESS) Alma Johnson at Home Springfield Mo.

20. FILED \_\_\_\_\_ 19 \_\_\_\_\_ Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6 - 1934

22. I HEREBY CERTIFY That I attended deceased from June 1, 1934, to June 5, 1934.

I last saw him alive on June 5, 1934. Death is said to have occurred on the date stated above, at 7:15 P.M.

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

Congenital Heart  
15720  
1934  
Other contributory causes of importance:  
Septicemia & Terminal Peritonitis

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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

(Signed) J. A. Harrison, M. D.  
(Address) 1111 Olive St. St. Louis

11/14

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Greene  
Township Clay  
City          (No.          St.          Ward         )

Registration District No. 321  
Primary Registration District No. 5444

File No.           
Registered No. 10

**2. FULL NAME**

Carol Ann Maresch

(a) Residence, No.          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 In fork (Write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
         2 3                  

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.           
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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED June 9 1934 Mrs. Pearl Hughes Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1934 to June 5, 1934. I last saw him alive on June 5, 1934. Death is said to have occurred on the date stated above, at          m.

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

Coronary heart  
Probably Pneumococcus  
No culture taken

Other contributory causes of importance:         

Name of operation          Date of           
What test confirmed diagnosis?          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) A. Harrison M. D.  
(Address) Med Arts Bldg

SUPPLEMENTARY

RECORD FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW

5-20154