NOV 13 1934

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 35290

Township — Primary Registration District No. 1001 — Registered No. 1173

City St. Joseph (No. Missouri Methodist Hosp. St. Ward)

2. FULL NAME James M. Marnell

(a) Residence, No. 622 Mt. Mora St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (~~[illegible]~~) Elsie Peters Marnell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 27, 1874

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
59	10	20	

OCCUPATION

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

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) 1924

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hoboken, N.J.

FATHER

13. NAME John J. Marnell

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

MOTHER

15. MAIDEN NAME Mary Cody

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

17. INFORMANT (ADDRESS) Mrs. John Marnell 622 Mt. Mora

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mount Olivet Cemetery Oct. 22 1934

19. UNDERTAKER (ADDRESS) H.O. Sidenfaden St. Joseph, Missouri

20. FILED 10-20- 1934 John R Benders Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-21, 1934 to Oct. 17-34, 19

I last saw him alive on Oct. 17-34, 19 Death is said to have occurred on the date stated above, at 9:30P m.

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

Carcinoma of Colon (Cecum & Ascending Colon) Primary seat — Date of onset

Other contributory causes of importance:

(Inoperable)

Name of operation Exploratory Date of 10-11-34

What test confirmed diagnosis? Clinical 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? No

If so, specify

(Signed) Floyd H. Gruner M. D.

(Address) First State Bank Bldg

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

100M-11-24-33