

NOV 15 1934

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

Do not use this space.

1. PLACE OF DEATH

County Johnson  
Township Jackson  
City Elm (No. ....)

Registration District No. 427  
Primary Registration District No. 5592

File No. 36455  
Registered No. 51  
St. .... Ward)

2. FULL NAME

Columbus Washington Marion

(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 40 yrs. mos. 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11-1848

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .... hrs. or .... min.
	<u>86</u>	<u>4</u>	<u>✓</u>	

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

FATHER 13. NAME John M. Marion

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

MOTHER 15. MAIDEN NAME Candace Denny

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

17. INFORMANT (ADDRESS) J. T. Button Elm Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Elm Cemetery DATE Oct 16 1934

19. UNDERTAKER (ADDRESS) W. H. ... Golden Mo.

20. FILED Oct. 16 1934 S. G. ... Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14 1934

22. I HEREBY CERTIFY, That I attended deceased from 10:30 to 11:00 pm. The man suddenly died and I last saw him alive on Oct 14 1934. Death is said to have occurred on the date stated above, at 5 m. The principal cause of death and related causes of importance were as follows:

myocarditis  
Chronic Nephritis  
Atherosclerosis  
Date of onset

Other contributory causes of importance:  
Chronic Nephritis  
Atherosclerosis

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ✓ Date of injury 10/14 1934

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) R. Lee Cooper acting  
(Address) Warrensburg Mo. Cosam

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.

