

DEC 2 1 1934

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

Do not use this space.

41790

1. PLACE OF DEATH

County Webster
Township East Dallas
City Fordland, R.F.D. No. 5

Registration District No. 898
Primary Registration District No. 6204

File No.
Registered No. 21
St. Ward)

2. FULL NAME Wm A. Marlin

(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. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9 - 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 8 13

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

13. NAME Jason Marlin

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

15. MAIDEN NAME Elizabeth Holaway

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

17. INFORMANT Wife Marlin (ADDRESS) Fordland Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Seyfert DATE Nov 24, 1934

19. UNDERTAKER Wiley Hair (ADDRESS) Fordland Mo

20. FILED Nov 23 1934 John W. Good Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 22 - 1934

22. I HEREBY CERTIFY, That I attended deceased from October 26, 1934, to Nov 22, 1934. I last saw him alive on Nov 22, 1934. Death is said to have occurred on the date stated above, at 3:55 P.M.

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

mitral Insufficiency Date of onset unknown

Other contributory causes of importance:

dropsy

Name of operation Date of
What test confirmed diagnosis Renal signs 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? No

If so, specify
(Signed) John W. Good, M. D.
(Address) Fordland 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.

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