

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

Do not use this space.

1. PLACE OF DEATH
 County Cole JAN 9 1935 Registration District No. 213
 Township _____ Primary Registration District No. 3014
 City Jefferson City Mo. (No. _____) St. _____ Ward) _____
 2. FULL NAME Melvin Marrow #44764
 (a) Residence, No. Mo State Prison 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 42411
 Registered No. 364

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>			
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mr. Thelma Marrow</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 14, 1904</u>					
7. AGE	YEARS <u>30</u>	MONTHS <u>4</u>	DAYS <u>13</u>	IF LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Barber</u>				
	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) <u>Unknown</u>					
FATHER	13. NAME <u>Unknown</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>				
MOTHER	15. MAIDEN NAME <u>Unknown</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>				
17. INFORMANT <u>Mo. St. Prison</u> (ADDRESS) <u>S. C. Mo.</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Springfield, Mo.</u> DATE <u>12/27</u>					
19. UNDERTAKER (ADDRESS) <u>Steinrichs Undertaking</u> <u>Jefferson City, Missouri</u>					
20. FILED <u>12/27</u> , 19 <u>34</u> <u>Dr. J. Fred M. D.</u> Registrar.					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from November 30, 1934 to December 27, 1934
 I last saw him alive on December 26, 1934 Death is said to have occurred on the date stated above, at 5:25 A.M.
 The principal cause of death and related causes of importance were as follows:
pulmonary tuberculosis Date of onset _____

Other contributory causes of importance:
None

Name of operation _____ 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?
 If so, specify None
 (Signed) W. W. Parbo, M. D.
 (Address) Jefferson City, Missouri

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.

