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

Do not use this space.

6175

MAR 27 1935

71

1. PLACE OF DEATH

County Morgan Registration District No. 598 File No.

Township Buffalo Primary Registration District No. 594 Registered No. 10

City ~~Stover, R. F. D.~~ (No. , St. Ward)

2. FULL NAME Thomas Cleveland Marriott

(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. 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	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 4th, 1880

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
54	2	7	

OCCUPATION

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) Versailles Mo.

FATHER

13. NAME H. H. Marriott

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

MOTHER

15. MAIDEN NAME Mary J. Padgett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stocks Co. N. Car.

17. INFORMANT Mrs. H. H. Marriott
(ADDRESS) Stover, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Little Buffalo DATE Feb. 12th, 1935

19. UNDERTAKER C. R. Rapp & Son
(ADDRESS) Stover & Versailles, Mo.

20. FILED 2-12, 1935 H. N. Littman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1935, to Feb 11, 1935

I last saw him alive on Feb 11, 1935. Death is said to have occurred on the date stated above, at 10:00 a.m.

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

	Date of onset
Influenza	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Symptoms 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

If so, specify

(Signed) S. M. Newlon, M. D.

(Address) Versailles 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.