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.

SEP 25 1935

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

Do not use this space.

27312

1. PLACE OF DEATH
County: Pike
Township: [illegible]
City: Louisiana (No. 1805 Georgia St. 4 Ward)

Registration District No. 689
Primary Registration District No. 3033

File No.
Registered No.

2. FULL NAME: Henry Douglas Marion

(a) Residence, No. 1805 Georgia St., 4 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 16 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 Clara Marion

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feby 28 - 1865

7. AGE: YEARS 70 | MONTHS 6 | DAYS 28 | If LESS than 1 day, ....hrs. or ....min.

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): Alton Pike Co Illinois

FATHER

13. NAME: Francis Marion
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Charles Mo

MOTHER

15. MAIDEN NAME: Sarah Long
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

17. INFORMANT: Clara Marion
(ADDRESS) Louisiana Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Riverview DATE: Aug 19 1935

19. UNDERTAKER: W F Arbo
(ADDRESS) Louisiana Mo

20. FILED: 8/18/1935 F C Haley Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8-16, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-15, 1935 to 8-16, 1935
I last saw him alive on 8-16, 1935. Death is said to have occurred on the date stated above, at 8 P.M.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset

Other contributory causes of importance:

Name of operation: None Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None 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. No
Manner of injury: None
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?
If so, specify:
(Signed) C. E. Lemmon M. D.
(Address) Louisiana Mo