

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.

JAN 15 1936

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

Do not use this space.

38699

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township Primary Registration District No. 1001
City St. Joseph (No. 615 E. Hyde Park Ave. St. Ward)

File No. Registered No. 1372

2. FULL NAME

Marian Chapman Gorton

(a) Residence, No. 615 E. Hyde Park Ave. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Theo. W. Gorton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 29, 1902

AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
35	32	11	29	

7. OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
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) Brookfield, Mo. (STATE OR COUNTRY)

13. NAME George Chapman

14. BIRTHPLACE (CITY OR TOWN) Elizabeth, Ill. (STATE OR COUNTRY)

15. MAIDEN NAME Henrietta Wilber

16. BIRTHPLACE (CITY OR TOWN) Hannibal, Mo. (STATE OR COUNTRY)

17. INFORMANT Theo. W. Gorton (ADDRESS) 615 E. Hyde Park Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Cem. DATE Dec. 31, 1935

19. UNDERTAKER Walter Meischner (ADDRESS) 1302 Faraon St. St. Joseph, Mo.

20. FILED 12-30 1935 John R. Borden Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/26 1922 to Dec 28 1935
I last saw h. or alive on Dec 28 1935. Death is said to have occurred on the date stated above, at 2:30 P.M.
The principal cause of death and related causes of importance were as follows:

Mitral Stenosis and Aorticulor Fibillation 1922
Date of onset
Other contributory causes of importance: Rheumatic fever childhood

Name of operation None Date of
What test confirmed diagnosis? Clinical 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) Clarence Head, M. D.
(Address) Tootle Bldg. St. Joseph, Mo.

