

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

Do not use this space.

9554

1. PLACE OF DEATH

County Callaway Registration District No. 104
Township _____ Primary Registration District No. 3008
City Fulton (No. _____, _____ St. _____ Ward)

2. FULL NAME Marion Withrow

(a) Residence, No. 3210 Wayne, Kansas City, Mo. Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. 11 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1882</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>54</u>			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</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) Missouri
(STATE OR COUNTRY)

FATHER 13. NAME D. K.

FATHER 14. BIRTHPLACE (CITY OR TOWN) D. K.
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME D. K.

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Illinois
(STATE OR COUNTRY)

17. INFORMANT Hospital Records
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Kans-City, Mo. DATE Mch. 20th. 1936

19. UNDERTAKER Herndon-Taylor Furn-Co.
(ADDRESS) Fulton, Mo.

20. FILED 3-19 1936 R. W. Crews
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from November 1, 1935 to March 19, 1936

I last saw her alive on March 19, 1936 Death is said to have occurred on the date stated above, at 9:45 A. M.

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

Generalized arteriosclerosis D. K. Date of onset _____

Other contributory causes of importance: 97

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy Refuse

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? N.O.
If so, specify _____

(Signed) E. E. Landis M. D.

(Address) State Hospital No. 1
Fulton, 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.

