MAY 14 1936

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

Do not use this space.
14469

1. PLACE OF DEATH
County: Cedar — Registration District No.: 165 — File No.: May 1 - 1936
Township: Grant — Primary Registration District No.: 5231 — Registered No.: 157
City: Stockton (No. ..... St. ..... Ward)

2. FULL NAME Phebe Jane Marr

(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jessie Marr

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 18 1851

7. AGE: Years 85 | Months 3 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
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): Salem N. C.

FATHER
13. NAME: David Cecil
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ?

MOTHER
15. MAIDEN NAME: Charity Rice
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ?

17. INFORMANT: Blanch Lewis
(ADDRESS) Dallas, Texas R-8-Box 436.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Cornelia DATE: April 29, 1936

19. UNDERTAKER: W. C. Davis & Co.
(ADDRESS) Stockton, Mo

20. FILED: May 1, 1936 Mrs A. A. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1936, to April 27, 1936
I last saw her alive on April 27, 1936. Death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance:
Senility

Name of operation ..... 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? ..... 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 .....
(Signed) H. A. Simpsell, M. D.
(Address) Stockton 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.