

MAY 25 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

16473

1. PLACE OF DEATH

County Polaski
 Township Polaski
 City Polaski (No.)

Registration District No. 713
 Primary Registration District No. 5942

File No.
 Registered No.
 St. Ward

2. FULL NAME

(a) Residence, No. St. Ward
 (Usual place of abode)

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 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 Martha Mark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 3, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 1 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farming
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0
 10. Date deceased last worked at this occupation (month and year) Mar. 10, 1936
 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polaski Co. Mo.

13. NAME Wm. Wayne Mark

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

15. MAIDEN NAME Margaret Ann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT Tom M. Mark
 (ADDRESS) Waynesville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bradford Cms. DATE Apr. 12, 1936

19. UNDERTAKER E. H. Hoops & Sons
 (ADDRESS) Crocker, Mo.

20. FILED 4/12 1936 E. H. Hoops
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 12, 1936 to Apr. 11, 1936

I last saw him alive on Apr. 10, 1936. Death is said to have occurred on the date stated above, at 2:25 p.m.

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

Myocarditis, farinosa, chronic Date of onset 1930

131

Other contributory causes of importance: 5-15-1936

Pericarditis, diff. 1936
Pneumonia, terminal 4-10-36

Name of operation none Date of 0

What test confirmed diagnosis? Microscopic Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury 0, 1936

Where did injury occur? 0 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 0

Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify C. Maltby, M. D.
 (Signed) C. Maltby
 (Address) Crocker, 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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

