

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.

JUL 17 1936

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

Do not use this space.

1. PLACE OF DEATH

County Calaway
 Township Fulton
 City Fulton (No. _____) St. _____ Ward _____

Registration District No. 104
 Primary Registration District No. 3008

File No. 22179
 Registered No. 203

2. FULL NAME Hugh Still Marble

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Winifred Marble

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25, 1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
24 3 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gene Keeper
 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) 2-1 11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisa

MOTHER 13. NAME Nervy S. Marble

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

15. MAIDEN NAME Alice Still

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

17. INFORMANT Mrs. H. S. Marble (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Hallett Cem. DATE June 21, 1936

19. UNDERTAKER Geo. W. Wallace (ADDRESS) Fulton, Mo.

20. FILED 6/20, 19 36 R. N. Crewe Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 6/11, 1936 to 6/19, 1936

I last saw him alive on 6/19, 1936 Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Aplastic Anemia
(Etiology unknown)

Date of onset

Other contributory cause of importance None

Name of operation _____ 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) Nervy S. Marble, M. D.
 (Address) 610. County, Fulton, Mo.

