

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 29 1936

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

Do not use this space.

25232

1. PLACE OF DEATH
County Stoddard
Township Liberty
City Deerfield (No. _____)

Registration District No. 838
Primary Registration District No. 4509

File No. 28
Registered No. _____
St. _____ Ward _____

2. FULL NAME James Floyd Markland

(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) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 19th 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
2 6 27

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

FATHER
13. NAME James Markland

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

MOTHER
15. MAIDEN NAME Ella Loue

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

17. INFORMANT James Markland (ADDRESS) Deerfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cape Girardeur DATE 4/16 1936

19. UNDERTAKER Deerfield Mo. (ADDRESS) Deerfield Mo.

20. FILED 7-10 1936 Alice Norman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15th 1936

22. I HEREBY CERTIFY That I attended deceased from June 5th 1936, to June 15th 1936
I last saw him alive on June 15th 1936 Death is said to have occurred on the date stated above, at 2nd m.

The principal cause of death and related causes of importance were as follows:
Acute Nephritis Date of onset _____

Other contributory causes of importance:
Gonorrhea, Malnutrition, Fever

Name of operation _____ Date of _____
What test confirmed diagnosis Lab. Clinical Was there an autopsy? yes

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) S. S. Davis, M. D.
(Address) Deerfield Mo.

