

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.

OCT 2

1936

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

Do not use this space.

33307

1. PLACE OF DEATH

County Saline  
Township Marshall  
City Marshall

Registration District No. 796  
Primary Registration District No. 3038

File No. \_\_\_\_\_  
Registered No. 169  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence No. Marshall Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. 0 mos. 3 ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_ mos. \_\_\_\_ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</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>May 20, 1906</u>		
7. AGE <u>30</u>	YEARS <u>3</u>	MONTHS <u>3</u>
		DAYS <u>3</u>
		IF LESS than 1 day, _____ hrs. or _____ min.

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. <u>—</u>
	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) Joplin, Mo.

FATHER	13. NAME <u>D. K. Alderman</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>D. K.</u>

MOTHER	15. MAIDEN NAME <u>D. K.</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>D. K.</u>

17. INFORMANT (ADDRESS) <u>School Record</u>
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18. BURIAL, CREMATION, OR REMOVAL
PLACE <u>Joplin, Mo.</u> DATE <u>Aug 26, 1936</u>

19. UNDERTAKER (ADDRESS) <u>Short &amp; M. Coffey</u>
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20. FILED <u>Aug 24, 1936</u>
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Aug 23, 1936</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug 20, 1936</u> to <u>Aug 23, 1936</u> I last saw him alive on <u>Aug 23, 1936</u> Death is said to have occurred on the date stated above, at <u>2:30 P.M.</u> The principal cause of death and related causes of importance were as follows: <u>Endocarditis Chronica</u>
Date of onset _____

Other contributory causes of importance: <u>—</u>
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Name of operation _____	Date of _____
What test confirmed diagnosis <u>Clinical</u>	Was there an autopsy? <u>Yes</u>

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.
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Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? <u>No</u>
If so, specify _____
(Signed) <u>R. S. Markes</u> , M. D.
(Address) <u>Marshall</u>

Registrar.

