

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.

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

Do not use this space.

OCT 23 1936

34995

1. PLACE OF DEATH

County Meru
Township Morgan
City Princeton (No.)

Registration District No. 556
Primary Registration District No. H328

File No.
Registered No. 51
St. Ward)

2. FULL NAME

John C. Marin

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Blanche Marin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 7 - 1868</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>4</u>
	DAY <u>7</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>Farmer</u>	11. Total time (years) spent in this occupation
	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) <u>Mar 10, 1936</u>	

MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri, Mo</u>
	13. NAME <u>Ben Marin</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind.</u>
	15. MAIDEN NAME <u>Franklin</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>

17. INFORMANT <u>Mrs Blanche Marin</u> (ADDRESS) <u>Princeton, Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Princeton</u> DATE <u>Sept 15 1936</u>
19. UNDERTAKER <u>Paul Mass</u> (ADDRESS) <u>Princeton</u>
20. FILED <u>9/15 36</u> 19 <u>36</u> <u>J. M. Perry</u> Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1930, to Sept 14 1936
I last saw him alive on Sept 14 1936 Death is said to have occurred on the date stated above, at 8:20 a.m.

The principal cause of death and related causes of importance were as follows:
Diabetic Mellitus
following an attack
severe acute Dysentery
Toxic Dysentery

Other contributory causes of importance:
59

Date of onset 9/13/36

Name of operation Chy + Col Date of
What test confirmed diagnosis? Chy + Col 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? No
If so, specify AS Buntow MD (Signed) M. D.
(Address) Princeton, Mo

