

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

NOV 27 1936

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

Do not use this space.

36544

1. PLACE OF DEATH

County Adair
Township
City Hicksville (No. , , ,)

Registration District No. 4
Primary Registration District No. 3001

File No.
Registered No. 251 St. Ward)

2. FULL NAME

(a) Residence, No. J. P. Dent Hwy City Mo 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF not known

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-7-1863

7. AGE YEARS 72 MONTHS 9 DAYS 23 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Harness Shop

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) (STATE OR COUNTRY) La Plata Mo

13. NAME Marquis L. Dent

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

15. MAIDEN NAME Luzie A. Salang

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

17. INFORMANT (ADDRESS) J. P. Dent

18. BURIAL PLACE Edging Mo DATE Nov 24 1936

19. UNDERTAKER (ADDRESS) St. Louis Mo

20. FILED Nov 3 1936 Spencer Neeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/30 1936

22. I HEREBY CERTIFY, That I attended deceased from 10/30, 1936, to 10/30, 1936

I last saw h. in alive on 10/30, 1936. Death is said to have occurred on the date stated above, at 8:30 m.

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

Shock
Due to being hit by auto

Date of onset
10/30/36

Other contributory causes of importance:
Compromised condition both to this
Respiratory - pleural lung
Leucostasis, sepsis, cerebral hemorrhage

Name of operation Date of
What that caused diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10/30, 1936

Where did injury occur? Hwy City, Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Public place
Manner of injury hit by auto (pedestrian)

Nature of injury conduction, brain, etc

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) J. P. Dent, M. D.
(Address) Hicksville, Mo

