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

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.

DEC 4 1936

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

Do not use this space.

400201

1. PLACE OF DEATH
County Saline
Township Salt Fork
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 798
Primary Registration District No. 6041

File No. .....
Registered No. .....

2. FULL NAME Jessie May Marcum

(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 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Erwin Davis Marcum

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29, 1882

7. AGE: YEARS 53 | MONTHS 10 | DAYS 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) Saline County Missouri

FATHER
13. NAME George Ellis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

MOTHER
15. MAIDEN NAME Amy Elizabeth Parker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Erwin D. Marcum Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Nelson Cem. DATE Oct. 1936

19. UNDERTAKER (ADDRESS) P. W. Campbell Marshall, Mo.

20. FILED Nov. 11 1936 E. L. Chiswell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/29, 1936, to Oct 25, 1936
I last saw her alive on Oct 20, 1936. Death is said to have occurred on the date stated above, at 4 15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis	?
c̄ decompensation	

Other contributory causes of importance:

Chr Nephritis

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) [signature], M. D.
(Address) Marshall