

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

Do not use this space.

FEB 25 1937

15

1. PLACE OF DEATH

County ADAIR

Registration District No. 4

Township

Primary Registration District No. 3001

City KIRKSVILLE MO (No.,,)

File No.
Registered No. 19
St. Ward

2. FULL NAME MARY S. MARQUESS

(a) Residence, No. 407 m WEST ILL 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 FEMALE 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 John W. Marquess

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT 19 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 3 11

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. SELF

10. Date deceased last worked at this occupation (month and year) JAN 1937 11. Total time (years) spent in this occupation 60 YEARS

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NORTH CAROLINA

13. NAME JAMES MOTON

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

15. MAIDEN NAME JANE REESE

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NORTH CAROLINA

17. INFORMANT (ADDRESS) Charles A. Marquess
KIRKSVILLE MO

18. BURIAL, CREMATION, OR REMOVAL PLACE REFUGE County DATE FEB 2nd 37

19. UNDERTAKER (ADDRESS) DAVIS & WILSON
KIRKSVILLE MO

20. FILED Feb 2 1937 Spencer Freeman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31 1937

22. I HEREBY CERTIFY That I attended deceased from Oct. 1936, to Jan 31st, 1937
I last saw him alive on Jan 31st, 1937. Death is said to have occurred on the date stated above, at 5 a.m.

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

Coronal Abscess
Otitis Media
Frailty

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? —

If so, specify Geo. F. Sured

(Signed) Geo. F. Sured, M. D.

(Address) Kirksville Mo.

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.

