

FEB 17 1937

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

Do not use this space.

920

1. PLACE OF DEATH

County Greene Registration District No. 318 File No. 0007
Township Campbell Primary Registration District No. 5440 1 Registered No. 0007
City Springfield (No. 1) U.S. Federal Hospital St. Del. Ward

2. FULL NAME MARKLEY, O. C.

(a) Residence, No. 2 St. Del. Ward Detroit, Mich. 2
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 6 mos. 16 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. O. C. Markley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 16, 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
✓ 39 2 16

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night-club operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 242
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) Beaumont, Tex.

FATHER
13. NAME DK

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

MOTHER
15. MAIDEN NAME DK

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

17. INFORMANT (ADDRESS) Deceased

18. BURIAL, CREMATION, OR REMOVAL PLACE Detroit Mich DATE Jan 3 - 1937

19. UNDERTAKER (ADDRESS) Alma Lohmeyer Funeral Home Springfield, Mo

20. FILED Jan 3 - 1937 Chas A George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1936 to Jan. 2, 1937, 19.....

I last saw him alive on Jan. 2, 1937, 19..... Death is said to have occurred on the date stated above, at 2:13 P.M.

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

Biliary calculus, common duct

Date of onset 12/26/36

Other contributory causes of importance:

Diabetes insipidus mellitus 1925

Syphilis 1934

Name of operation none Date of.....

What test confirmed diagnosis?..... Was there an autopsy? yes

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) Chas A George M.D. M. D.

(Address) US Hospital for Def. Del.

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.

