MAR 19 1937

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

Do not use this space.

6040

File No. 4
Registered No. 4

1. PLACE OF DEATH
County Hickory
Township Center
City Hermitage Mo.
Registration District No. 360
Primary Registration District No. 5505
St. Ward)

2. FULL NAME Bobbie Lee Marks

(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: M
4. COLOR OR RACE: wht
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lew W Marks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 28, 1932

7. AGE: Years 4 | Months 1 | Days 21 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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): Weaubleau Missouri

FATHER
13. NAME: Lew W Marks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): W. Virginia

MOTHER
15. MAIDEN NAME: Essie Campbell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Essie Marks Hermitage Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Hermitage DATE: 2/21 1937

19. UNDERTAKER (ADDRESS): Lucky Funeral Home Wheatland, Mo

20. FILED: Feb 25, 1937 Anice McKinley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/18, 1937, to 2/19, 1937
I last saw him alive on 2/19, 1937. Death is said to have occurred on the date stated above, at 1:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diphtheria	2/19/37

10

Other contributory causes of importance:

Name of operation: Date of
What test confirmed diagnosis? 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?
If so, specify
(Signed) L. A. Flores, M. D.
(Address) Urbana, Mo.

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.