

MAR 25 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County St. Francois Registration District No. 775 File No. 7946  
Township Paris Primary Registration District No. 6.0.2.0-A. Registered No. 21  
City Bonneterre (No. Bonneterre Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Marion D. Freeman  
(a) Residence, No. Elvins, Mo. R. 1 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jacie Freeman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 31-1890

7. AGE YEARS 56 MONTHS 3 DAYS 13 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. N.P.C.  
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) Illinois

13. NAME Dont No.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont no.

15. MAIDEN NAME Dont No.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont no.

17. INFORMANT Jacie Freeman  
(ADDRESS) Elvins Mo. R. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Hamilton C. DATE Feb. 15 1937

19. UNDERTAKER C. J. Bayer  
(ADDRESS) Develoy Messinger

20. FILED Feb. 15 1937 N. W. Hawkins  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 14 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1937, to Feb 14, 1937

I last saw him alive on Feb 14, 1937. Death is said to have occurred on the date stated above, at 12<sup>00</sup> m.

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

Lobar Pneumonia Date of onset \_\_\_\_\_

Other contributory causes of importance: 108

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? X-ray 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) Chas. H. Berry, M. D.

(Address) 744 Pine St. 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.

