

APR 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Bates  
Township New Home  
City (No. ) (No. ) St. (Ward)

Registration District No. 53  
Primary Registration District No. 5084

File No. 11081  
Registered No. 17

2. FULL NAME John J. March

(a) Residence, No. (Usual place of abode) St. (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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Alice V. March

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-1-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
76 2 19

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

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) Missouri

13. NAME Willis B. March

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

15. MAIDEN NAME Sarah DeJarnette

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri Kentucky

17. INFORMANT Mrs J.J. March (ADDRESS) Rich Hill Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rider DATE Mar-22-1937

19. UNDERTAKER Pond & Reavley (ADDRESS) Rich Hill Mo.

20. FILED Mo 20 1937 James J. Jochen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 20 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1937, to Mar 20, 1937

I last saw him alive on March 9, 1937. Death is said to have occurred on the date stated above, at 5:30 p. m.

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

Coronary Occlusion

Date of onset

Other contributory causes of importance:

Influenza  
Acute Rheumatitis

Name of operation Date of \_\_\_\_\_  
What test confirmed diagnosis? 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) James J. Jochen, M. D.  
(Address) Rich Hill 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.

