APR 16 1937

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

Do not use this space.

11621

1. PLACE OF DEATH
County Clay
Township Liberty
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 201
Primary Registration District No. 5280

File No. 33
Registered No. .....

2. FULL NAME David W. Marr
(a) Residence, No. ..... Marr St. ..... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 70 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 12-1860
7. AGE YEARS 77 MONTHS 0 DAYS 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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. for Self
10. Date deceased last worked at this occupation (month and year) 2 mo.
11. Total time (years) spent in this occupation 55

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denton Co. Tex.

FATHER
13. NAME J. C. Marr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co Mo.

MOTHER
15. MAIDEN NAME Mary Wills
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co. Mo.

17. INFORMANT (ADDRESS) B. F. Marr Liberty Mo
18. BURIAL, CREMATION, OR REMOVAL Providence
PLACE Near Liberty Mo DATE 3/16, 1937
19. UNDERTAKER (ADDRESS) Church - Archer Co Liberty Mo
20. FILED 3/16, 1937 E T Brant Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 15, 1937
22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1937, to ....., 19....
I last saw him alive on Mar 13, 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:

	Date of onset
Cerebral Haemorrhage	
	abt Feb 1

Other contributory causes of importance:

8201

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? 40

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) Wm H Goodson, M. D.
(Address) Liberty Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.