

Dr. A. Martin

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

Do not use this space.

APR 22 1937

1. PLACE OF DEATH

County *Mississippi*
Township *East Prairie*
City *East Prairie* (No., St., Ward)

Registration District No. *567*
Primary Registration District No. *#334*

File No. *12668*
Registered No. *22*

2. FULL NAME *Marion Francis Harr*

(a) Residence, No. *E. Prairie* 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 <i>M</i>	4. COLOR OR RACE <i>W.</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>March 7, 1937</i>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
			<i>2</i>	
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) <i>East Prairie</i>				
FATHER	13. NAME <i>C. O. Harr</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>East Prairie</i>			
MOTHER	15. MAIDEN NAME <i>Mabel Priest</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Marion, Ill.</i>			
17. INFORMANT (ADDRESS) <i>C. O. Harr, East Prairie</i>				
18. BURIAL, CREMATION, OR REMOVAL				
PLACE	<i>Dozmad</i>	DATE	<i>Mar. 9</i>	<i>1937</i>
19. UNDERTAKER (ADDRESS) <i>Travis N. Shelby, East Prairie</i>				
20. FILED <i>Mar 9, 1937</i> <i>J. M. Hodges</i> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar. 9*, 1937

22. I HEREBY CERTIFY, That I attended deceased from *3/7*, 1937, to *3/9*, 1937
I last saw ~~him~~ alive on *3/8*, 1937. Death is said to have occurred on the date stated above, at *10:30* a.m.
The principal cause of death and related causes of importance were as follows:
Hemorrhage of Lungs
Date of onset *16/2*

Other contributory causes of importance:

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?
If so, specify
(Signed) *A. J. Martin*, M. D.
(Address) *East - Prairie Mo*

