

APR 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. LouisTownship South KinlochCity St. Louis, Mo.Registration District No. 333Primary Registration District No. 4468File No. 13297Registered No. 28

St. _____ Ward)

2. FULL NAME Will Marlow(a) Residence, No. South Kinloch, Mo. 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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

MaleNegroSingle

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 22, 1868

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

3168514

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

Labor

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) Mo.13. NAME Marlow14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.15. MAIDEN NAME Ester Calhoun16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville Tenn.17. INFORMANT Mrs. J. C. Irving (ADDRESS) South Kinloch, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Father Dixon DATE 2-13-3719. UNDERTAKER Boyd Brothers Und. (ADDRESS) 515 & 1/2 Stange, Kinloch, Mo.20. FILED 2-12 1937 W. A. Zeithel Registrar. Paul G. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-5-3722. I HEREBY CERTIFY, That I attended deceased from 1-2-18, 1936, to 2-5-37I last saw him alive on 2-4-37 Death is said to have occurred on the date stated above, at 7:30 p.m.

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

Chronic Myocarditis Date of onsetOther contributory causes of importance: none

Name of operation _____ Date of _____

What test confirmed diagnosis? History of case 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) J. B. Smith, M. D.(Address) 25 - Canal Blvd. S. Kinloch, 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.

