

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

MAY 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Greene Registration District No. 318
Township Burge Hosp. Primary Registration District No. 2001
City Springfield (No. Burge Hosp.) Registered No. 16354
St. Mo. Ward 0327

2. FULL NAME

(a) Residence, No. William W. Vernon St. Mo. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/16 1937

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

22. I HEREBY CERTIFY, That I attended deceased from 4/5 1937, to 4/16 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18-1863

I last saw him alive on 4/16 1937 Death is said to have occurred on the date stated above, at 5:42 m.

7. AGE YEARS 73 MONTHS 8 DAYS 28 If LESS than 1 day, hrs. or min.

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

Interstitial Nephritis Date of onset

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Prop. Drug Store

10. Date deceased last worked at this occupation (month and year) about a wk ago 11. Total time (years) spent in this occupation 50 yr.

Other contributory causes of importance:
Metabolic Regulation
Oedema of Lungs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Verona Mo.

13. NAME John F. Marbut

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

15. MAIDEN NAME Sarah White

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs Stella Marbut
Mr Vernon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE 2003 DATE April 19 1937

19. UNDERTAKER (ADDRESS) Chas B Orr
Mr Vernon Mo

20. FILED Apr 18 1937 Chas W. George Registrar

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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. no

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) , M. D.

(Address) Springfield Mo

92a

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Greene
Township _____
City Springfield (No. Bunge Hump)

Registration District No. 318
Primary Registration District No. 2001

File No. 16354
Registered No. 0327
St. _____ Ward _____

2. FULL NAME

William J. Merbut

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 _____

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>73</u>	<u>8</u>	<u>8</u>	

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19__

19. UNDERTAKER (ADDRESS)

20. FILED

June 21 1937 Chas A. George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/16 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____. I last saw him _____, 19____. Death is said to have occurred on the _____, 19____. The principal cause of death and related causes of importance were as follows: _____

Interstitial nephritis
chronic

Other contributory causes of importance: _____

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

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 J. Miller, M. D.
_____ (Address) Springfield

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
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.

S-16354