

SEP 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County Newton Registration District No. 609
Township Neosho Primary Registration District No. 4363
City Neosho (No. Sale Hospital) St. _____ Ward _____

File No. 31333

Registered No. 86

2. FULL NAME Wanda Mae Marion

(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 Female 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 6, 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
32 25 11 23

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

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) Newton County Missouri

13. NAME John Thompson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newton County Missouri

15. MAIDEN NAME Amanda Wolfenbarger

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

17. INFORMANT (ADDRESS) Charles Marion
State City R#1

18. BURIAL, CREMATION, OR REMOVAL PLACE Wanda Cemetery DATE July 31, 1937

19. UNDERTAKER (ADDRESS) Barley Thompson
Neosho Mo.

20. FILED 8-13, 1937 Oral Asale
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 1937

22. I HEREBY CERTIFY that Wanda Mae Marion died on July 29, 1937 at 5:30 PM to have occurred on the date stated above at _____ The principal cause of death and related causes of importance were as follows:

Carcinoma of liver

Other contributory causes of importance 50
Carcinoma of Right Breast

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? no
If so, specify _____
(Signed) Charles Marion M. D.
(Address) Neosho Mo.

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

OCCUPATION OF FATHER MOTHER

FATHER MOTHER

