

OCT 22 1937

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

Do not use this space.

34842

1. PLACE OF DEATH

County Morgan
Township Hawpreeck
City (No.) (No.) St. Ward

Registration District No. 919
Primary Registration District No. 5793a

File No.
Registered No. 24
St. Ward

2. FULL NAME

Minerva Jane Marriott

(a) Residence, No. 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. 6 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-17-1937

5A. ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) WIFE OF Benton Marriott

22. I HEREBY CERTIFY, That I attended deceased from Mar - 1 - 1935 to Sept - 17 - 1937
I last saw h. ev. alive on Sept 5, 1937 Death is said to have occurred on the date stated above, at 11:30 A.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 7, 1867

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 70 6 6

Arteriosclerosis Date of onset unknown

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

interstitial nephritis

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

13

10. Date deceased last worked at this occupation (month and year) Aug - 1937 11. Total time (years) spent in this occupation lifetime

Other contributory causes of importance: interstitial nephritis unknown

12. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Morgan County, Mo.

13. NAME Henry Williams

Name of operation arteriosclerosis Date of Sept 1937
What test confirmed diagnosis? clinical history Was there an autopsy? no

14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Calloway Co. Mo.

15. MAIDEN NAME Minerva Sanders

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19.....

16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Calloway County, Mo.

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Leon Marriott (ADDRESS) Wassell, Mo.

Manner of injury
Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE Wassell DATE Sept 19 1937

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

19. UNDERTAKER C.R. Rappert Son (ADDRESS)

(Signed) J. J. Gunn M. D.
(Address) Wassell Mo

20. FILED Oct 11 1937 Wm. L. Rippberger Registrar.

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

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

34842
Do not use this space.

1. PLACE OF DEATH

(a) County Madison Registration District No. 919
(b) Township Lawrence Primary Registration District No. 2793D Registered No. 24
(c) City (d) Street No. St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Minerva Jane Marriott

(a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid

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.
70 6 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Nov 23rd 1937 Thos Ripberger Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-17, 1937

22. I HEREBY CERTIFY, That I attended deceased from to
I last saw h. alive on 19..... Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:
Interstitial nephritis
chronic

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) A. J. Guyan, M. D.
(Address) St. Louis, Mo

SUPPLEMENTARY

5-34842