

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

Do not use this space.

1. PLACE OF DEATH

61 County Macon
Township Liberty
City Liberty (No. 362)

Registration District No. 533
Primary Registration District No. 5715

File No. 3390
Registered No. 7
St. _____ Ward _____

2. FULL NAME

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25, 1936
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 7 2

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. Child
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME Marshall M. Stark
14. BIRTHPLACE (CITY OR TOWN) Adair Co., Mo. (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Genevieve Danner

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

17. INFORMANT Marshall M. Stark (ADDRESS) Genese, Mo. R1

18. BURIAL, CREMATION, OR REMOVAL PLACE La Plata, Mo. DATE 1-29-38

19. UNDERTAKER Stephen Gooding (ADDRESS) Macon, Mo.

20. FILED 2/1/38 Registrar 476

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan, 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1937, to Jan 27, 1938

I last saw her alive on Jan 25, 1938 Death is said to have occurred on the date stated above, at 6:40 p.m.

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

Other contributory causes of importance: None

Name of operation None Date of _____

What test confirmed diagnosis Clinical 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) A. L. Cassner, M. D.
(Address) Adair Co. 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.

RECEIVED

FEB 28 1938

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MO. STATE BOARD OF HEALTH