

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

Do not use this space.

REC'D APR 21 1938

1. PLACE OF DEATH

County *Lafayette*
Township *Rich*
City *Marionville Mo* (No.)

Registration District No. *625*
Primary Registration District No. *3031*

File No. *11629*
Registered No. *37*
St. Ward)

2. FULL NAME

(a) Residence, No. *1316 East 2nd* St., *4th* Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *3* yrs. *3* mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 7 1851*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 86 6 18

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

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 *1*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Marion County Illinois*

13. NAME *Samuel Ditto*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Uniontown Ohio*

15. MAIDEN NAME *Margaret Seaton*

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

17. INFORMANT (ADDRESS) *Mrs Bert Bratcher 1316 East 2nd Marionville Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Marion* DATE *March 26 1938*

19. UNDERTAKER (ADDRESS) *Campbell Funeral Home 751 South Main Marionville Mo*

20. FILED *3-26-38* *Manu E. Clardy* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 24 1938*

22. I HEREBY CERTIFY, That I attended deceased from *Dec 26 1937* to *March 24 1938*

I last saw him alive on *March 15 1938* Death is said to have occurred on the date stated above, at *6 a.m.*

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

*Myocardial degeneration
Arterio-sclerosis
Senile dementia*

Other contributory causes of importance: *92C*

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 *A. M. Hallis Jr.* M. D.

(Signed) *Manu E. Clardy* Registrar (Address) *Marionville 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.

