

REC'D JUL 17 1938

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

Do not use this space.

21615

## 1. PLACE OF DEATH

County ClayTownship Fishing-riverCity Excelsior Springs (No. ....)Registration District No. 118Primary Registration District No. 9011

File No. ....

Registered No. 75

St. .... Ward)

2. FULL NAME Joseph William Marlin(a) Residence, No. ....  
(Usual place of abode)

St. ....

Ward. ....

(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

White5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(or) WIFE OFSarah Morgan Marlin

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

April 18-1864

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.74114

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Carpenter9. 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) 6 years ago11. Total time (years)  
spent in this  
occupation 25 yrs12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)West Va.

FATHER

13. NAME

Don't know14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Don't know

MOTHER

15. MAIDEN NAME

Don't know16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Don't know

17. INFORMANT

(ADDRESS)

Bessie King,  
Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Lawson, Mo.

DATE

June 31938

19. UNDERTAKER

(ADDRESS)

Claude Prichard  
Excelsior Springs, Mo

20. FILED

6-8-1938Donna M. Cracked  
Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1938

22. HEREBY CERTIFY, That I attended deceased from

Jan., 1938, to June 2, 1938I last saw him alive on June 2, 1938 Death is saidto have occurred on the date stated above, at 3:30 A.M.

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

Chronic MyocarditisDate of onset  
second  
year.

Other contributory causes of importance:

59 -  
Dehydration  
Cystitis

Name of operation

none

Date of

What test confirmed diagnosis? physiologic Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury

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) S. M. Cruden M. D.

(Address)

Excelsior Springs, Mo.

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

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