

REC'D AUG 25 1938

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

25939
Do not use this space.

1. PLACE OF DEATH

(a) County Mississippi Registration District No. 5-67
(b) Township St. James Primary Registration District No. 5-763
(c) City Evansville (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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

(a) Residence, No. Robert Dean Marick 620 St. Evansville Indiana
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 15 1938

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
4 18

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. At home
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) Evansville Indiana

13. NAME Carmous Marick

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

15. MAIDEN NAME Raney Martin

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

17. INFORMANT (NAME AND ADDRESS) Carmous Marick
1406 Dickler Evansville Ind.

18. BURIAL, CREMATION, OR REMOVAL PLACE Salem Ky. DATE July 4 38

19. FUNERAL DIRECTOR (NAME AND ADDRESS) Frank J. Hargrave
Charleston Mo.

20. FILED July 3 1938 Mer O. M. Hodges
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3 1938

22. I HEREBY CERTIFY that I attended deceased from June 24 1938 to July 3 1938
I that saw him alive on July 3 1938 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:

Whooping Cough

Date of onset

Other contributory causes of importance:

Name of operation none 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) Geo. W. Whitaker M. D.

877 (Address) East Prairie, 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Thomas E Bass

, or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Thomas E Bass

Licensed Embalmer No.....

3977

P. O. Address.....

Charleston Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.