

SEP 23 1938

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

Do not use this space.

28230

1. PLACE OF DEATH

County Barton

Registration District No. 39

Township

Primary Registration District No. 4023

City Golden City (No. _____) St. _____ Ward _____

2. FULL NAME John William Mardick

(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

male

4. COLOR OR RACE

white

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

married

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

Viola Mardick

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

Nov. 5 - 1854

7. AGE

YEARS

MONTHS

DAYS

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

83

9

1

OCCUPATION

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

Carpenter

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

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

Charleston, Mo.

FATHER MOTHER

13. NAME

J. E. Mardick

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

Virginia

15. MAIDEN NAME

Caroline C. Hara

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

Canada

17. INFORMANT (ADDRESS)

Mrs. Viola Mardick Golden City, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE P.O.F. Cem. Golden City, Mo. DATE Aug. 8, 1938

19. UNDERTAKER (ADDRESS)

E. A. Phillips Golden City, Mo.

20. FILED

Aug 9, 1938 Mrs. Margaret Grace, Refiling

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6 - 1938

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1938, to Aug 6, 1938

I last saw h. alive on Aug 6 - 1938 Death is said to have occurred on the date stated above, at 4:30 P.M.

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

Chronic interstitial nephritis

Date of onset

at least a year prior to death

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? no

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) John W. Brown, M. D.

39 (Address) Golden City, 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
District Health Officer No. 6,
District File Number 6-38-128
Date Filed 9-20-38