

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

29224
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 4"
 (b) Township Galena Primary Registration District No. 5569
 (c) City Jasper (d) Street No. R.R. #1, Box 628 Registered No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred 5 yrs. 0 mos. 0 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Jasper Route 1 St. (If nonresident, give city or town and State)
 Usual place of abode, if no street address, write county or city

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edith
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 29-1875
 7. AGE YEARS 62 MONTHS 8 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 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. Carpenter
 10. Date deceased last worked at this occupation (month and year) _____ Total time (years) spent in this occupation _____

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

FATHER 13. NAME John Austin Marietta

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

MOTHER 15. MAIDEN NAME Anna Gae Knopsnyder

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

17. INFORMANT (ADDRESS) Mrs Edith Marietta
Rt 1 Jasper

18. BURIAL, CREMATION, OR REMOVAL PLACE Harwood DATE Aug 15 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Therrell Dillon

20. FILED 8-13-38 Ed D Jones Local Registrar. 372

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12 1938

22. I HEREBY CERTIFY, That I attended deceased from July 2 1938, to Aug 12 1938.
 I last saw him alive on Aug 12 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:

Chr. Parenchymatous nephritis
 Chr. myocarditis
 Other contributory causes of importance: _____
 Name of operation None Date of _____
 What test confirmed diagnosis? Microscopic signs Was there an autopsy? no

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) James A. O'Brien M. D.
164 1/2 Main Street, Jasper, Mo

JUN 6 1938

RECEIVED

District Health Officer No. 6,
District File Number 6-38-178
Date Filed 9/20/38

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,

David Dillon

, or by

Registered Apprentice No., working under my personal supervision.

Signed

David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin 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.