

NOV 21 1938

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

36227
Do not use this space.

1. PLACE OF DEATH
 (a) County Macon Registration District No. 533
 (b) Township Macon Primary Registration District No. 3027 Registered No. 66
 (c) City Macon (d) Street 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME John C. Marquith
 (a) Residence, No. _____ 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 Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
 5A. IF MARRIED, WIDOWER, OR DIVORCED HUSBAND OF (or WIFE OF) Alice E. Marquith
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 10 1854
 7. AGE YEARS 84 MONTHS 2 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Contractor
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ both time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.
 FATHER 13. NAME Nicholas Marquith
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 MOTHER 15. MAIDEN NAME Mary Siegler
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT Ferry Marquith (ADDRESS) Macon, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Oakwood, Pa. DATE 10-26-38
 19. FUNERAL DIRECTOR Stephens & Gooding (ADDRESS) Macon, Mo.
 20. FILED 11/1 1938 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-24-38
 22. I HEREBY CERTIFY, That I attended deceased from Oct. 14 1938 to Oct. 24 1938
 I last saw him alive on Oct. 23 1938. Death is said to have occurred on the date stated above, at 5:40 p.m.
 The principal cause of death and related causes of importance were as follows:
Gen'l capillary bronchitis with myo-cardial infarction
 Date of onset _____
 Other contributory causes of importance:
Chronic asthma, gen'l arterio-sclerosis
 Name of operation None Date of _____
 What test confirmed diagnosis? -- 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) A. L. Carls M. D.
 (Address) Macon 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.

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RECEIVED

District Health Officer No. 10

District File Number 10-38-505

Date Filed 11-9-38

STATEMENT BY LICENSED EMBALMER

I,

C. L. Stephens

Licensed Embalmer No.

3057

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

me

L. E.

No. _____ or by _____
working under my personal supervision.

Signed

C. L. Stephens

Registered Apprentice No.

Licensed Embalmer No.

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.)