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.

REC'D JAN 23 1939

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

Do not use this space.

File No. 44905

Registered No. 27

1. PLACE OF DEATH

County: Wright — Registration District No. 907

Township: Pleasant Valley — Primary Registration District No. 6220

City ..... (No. ..... St. ..... Ward)

2. FULL NAME: John Marler

(a) Residence: No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 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: Mary Frances Marler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr 22 1867

7. AGE: Years 71 — Months 7 — Days 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): now 1938

11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Near Ava, Mo

FATHER

13. NAME: Luke Marler

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

MOTHER

15. MAIDEN NAME: Nancy Melissa Shenlah

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

17. INFORMANT (ADDRESS): J. Sherman Marler, Cedar Gap, Mo

18. ~~BURIAL, CREMATION, OR~~ REMOVAL: Douglas Co. Mo.
PLACE: Fannon Cem. DATE: Dec 21 1938

19. ~~UNDERTAKER~~ (ADDRESS): Sexton E. B. Morris, Cedar Gap, Mo

20. FILED: Dec 28 1938 — J. M. R. Short, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1938, to Dec 19, 1938

I last saw him alive on Dec 14, 1938. Death is said to have occurred on the date stated above, at 12 M. m.

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

	Date of onset
Flu Pneumonia	1 wk

Other contributory causes of importance: Age

Name of operation ..... 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? .....

If so, specify .....

(Signed) J. A. Tison, M. D.

(Address) Mansfield Mo