

1939 MAR 9 1939

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

5853
Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 73
(b) Township Columbia Primary Registration District No. 3006
(c) City Columbia (d) Street No. Boone County Hospital Registered No. 22
(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. 620 Milton Phillip Marris St.
Columbia RFD 6 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 27, 1938
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
2 8

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.
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) Columbia Mo

13. NAME James B Marris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mason Co., Mo.

15. MAIDEN NAME Mary Anna Garrett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mason Co., Mo

17. INFORMANT (ADDRESS) Father James B. Marris R. # 6 Columbia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rockyfork Cemetery Feb 6 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Parker Funeral Co Columbia, Mo

20. FILED 19 _____ Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5 6 45 AM 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 21 1939 to Feb 5 1939
I last saw him alive on Feb 5 1939. Death is said to have occurred on the date stated above, at 6 45 m.
The principal cause of death and related causes of importance were as follows:

Influenza
toxic pneumonia
pneumonia
Other contributory causes of importance: Influenza

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) Stephen D. Smith, M. D.
74 (Address) Columbia Mo

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.

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

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,

Not embalmed

or by

Registered Apprentice No., working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

5853
Do not use this space.

1. PLACE OF DEATH

(a) County Buene Registration District No. 73
(b) Township Primary Registration District No. 3006 Registered No.
(c) City Columbia (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

Milton Phillip Marrie
(a) Residence, No. R 7 D # 6 Columbia 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) —
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11 - 27 - 1878
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 8
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.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) Columbia, R. F. D. Mo. (STATE OR COUNTRY)

FATHER 13. NAME James B. Marrie

14. BIRTHPLACE (CITY OR TOWN) macon co. Mo. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Anna Barrett

16. BIRTHPLACE (CITY OR TOWN) macon co. Mo. (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) James B. Marrie - Father Columbia Mo. - R. D. # 6

18. BURIAL, CREMATION, OR REMOVAL PLACE Rocky Falls DATE 2 - 6 - 1939

19. FUNERAL DIRECTOR (ADDRESS) Parker Funeral Co. Columbia Mo.

20. FILED 4/3/1939 Allice Selby Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5 - 1939

22. I HEREBY CERTIFY That I attended deceased from Jan. 21, 1938 to Feb 5, 1939

I last saw him alive on Feb 5, 1939. Death is said to have occurred on the date stated above, at 6:45 a.m.

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

Influenza
and
lobar pneumonia
bronchial pneumonia

Date of onset
1/20/39

Other contributory causes of importance:
Influenza

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) Stephen D. Smith, M. D.
(Address) Columbia Mo.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CHASE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

