

REC'D APR 7 1939

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

Do not use this space.

1. PLACE OF DEATH

County Way Madrid Registration District No. 604
Township Way Madrid Primary Registration District No. 58.02
City Way Madrid (No. 4) St. _____ Ward _____

File No. 11666

Registered No. _____

2. FULL NAME Henry Marr

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
about 38

OCCUPATION

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

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 _____

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Madrid Mo

13. NAME Sam Marr

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

15. MAIDEN NAME Margaret Jackson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Madrid, Mo

17. INFORMANT Lee Marr (ADDRESS) New Madrid

18. BURIAL, CREMATION, OR REMOVAL PLACE Fannie Camell DATE March 6 1939

19. UNDERTAKER (ADDRESS) Richard Ford Co New Madrid Mo

20. FILED 3/27 1939 Wm. O. Benson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 4 1939

22. I HEREBY CERTIFY, That I attended deceased from May 1938, to Mar 4 1939

I last saw him alive on Mar 4 1939 Death is said to have occurred on the date stated above, at 4 A m.

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

Chronic Pulmonary Bronchitis

Date of onset

Other contributory causes of importance: 106 lb

Name of operation _____ Date of _____
What test confirmed diagnosis? Phys Sign 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) W. O. Benson, M. D.

(Address) New Madrid 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.

