REC'D OCT 16 1939

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

31783
Do not use this space.

1. PLACE OF DEATH

(a) County: Barry
(b) Township: Kings Prairie
(c) City: ..... (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.

Registration District No. 30
Primary Registration District No. 5042
Registered No. 31

2. PRINT FULL NAME Ira Madison Marbut

(a) Residence, No. ..... St.
(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 (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Edith Marbut

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 8, 1873

7. AGE: Years 66 | Months 6 | Days 29 | 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.: Farmer
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): Barry Co. Missouri

FATHER
13. NAME: Wash Marbut
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

MOTHER
15. MAIDEN NAME: Armelia Ely
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

17. INFORMANT: Brit Marbut
(ADDRESS): Purdy, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Prichart Cem. DATE: Sept. 9, 1939

19. FUNERAL DIRECTOR (NAME): Blankenship
(ADDRESS): Monett-Purdy Mo.

20. FILED 9-10-, 1939 W. M. West
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1939, to Sept 7, 1939
I last saw h. alive on Sept 6, 1939. Death is said to have occurred on the date stated above, at 12 30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	?
Myocardial degeneration	?
Cerebral hemorrhage	9/5/39

Other contributory causes of importance: 93 C

Name of operation ..... 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) Frank Kerr, M. D.
(Address) Monett Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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. 6,
District File Number 1039-2083
Date Filed OCT 11 1939

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, L. H. Blankenship, or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed L. H. Blankenship

Licensed Embalmer No. 2397

P. O. Address Merritt, 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.