

MAY 9 1940

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

14618  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Christian Registration District No. 185  
(b) Township E. Benton Primary Registration District No. 5160 Registered No. \_\_\_\_\_  
(c) City \_\_\_\_\_ (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

(a) Residence, No. 645 Jesse Hollis Marlin St.  (If nonresident, give city or town and State)  
7 miles South of Rogersville (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) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Katherine Marlin  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 11, 1858  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
81 5 13

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) Webster Co. Missouri

13. NAME Spencer Marlin

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

15. MAIDEN NAME Brenton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Mr. John S. Marlin Rogersville Mo R#1

18. BURIAL, CREMATION, OR REMOVAL PLACE Marlin Cem. DATE March 24, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kelley Ferrell Rogersville Mo

20. FILED 4-25-40 1940 Josephine Mersitt Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24, 1940

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw him Simon saw him dead 19\_\_\_\_ Death is said

to have occurred on the date stated above, at 12:30 pm

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

Arteriosclerosis Date of onset \_\_\_\_\_

Other contributory causes of importance: 97

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. W. Maples Coroner

(Address) Clewer, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 540-1231

Date Filed MAY 7 1940

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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, or by.....

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

Signed W. K. Kelley

Licensed Embalmer No. 3334

P. O. Address Seymour

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.