

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

Do not use this space.

1785

1. PLACE OF DEATH

County Jasper Registration District No. 411
 Township Jasper Primary Registration District No. 2002
 City Jasper (No.) St. Ward)

2. FULL NAME

Melodee Marrison
 (a) Residence. No. 1704 Grand Ave Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 17 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 10 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired carpenter
 (b) General nature of industry, business, or establishment in which employed (or employer) 92A
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark 2

10. NAME OF FATHER Robert Marrison

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) New York

12. MAIDEN NAME OF MOTHER Miss Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Jasper Ark

14. INFORMANT Melodee Marrison (Address) 1704 Grand Ave

15. FILED 1-29 1931 W Benton Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 28 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 28 1931, to Jan 28 1931, that I last saw him, alive on Jan 28 1931, and that death occurred, on the date stated above, about 2 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic valvular heart disease

92A

CONTRIBUTORY (SECONDARY) 92A (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH, DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Long Semmes, M. D. 1/28 1931 (Address) Coroner, Jasper

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Jasper Ark DATE OF BURIAL 1/30 1931

20. UNDERTAKER W Benton Clark ADDRESS Jasper Ark

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.

FEB 10 1931
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