APR 30 1929

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

Do not use this space.

11911

1. PLACE OF DEATH
County Polk Registration District No. 703
Township Johnson Humansville Primary Registration District No. 5932
City (No. 4424 St. Ward)

File No.
Registered No.

2. FULL NAME Charles Vernon Marrs
(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
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) Jan 5-1928
7. AGE Years 1 Months 1 Days 29 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER J. D. Marrs
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Annabelle Wyrick
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Colo
(STATE OR COUNTRY)

14. INFORMANT R. L. Marrs
(Address) Humansville
15. FILED 3-5, 1929 J. L. Mabry REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch 4 1929
17. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1929, to Mch 4, 1929 that I last saw him alive on Mch 4, 1929, and that death occurred, on the date stated above, at 11 30 P. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Measles
(duration) yrs. mos. 11 ds.
CONTRIBUTORY (SECONDARY) Pneumonia
(duration) yrs. mos. 9 ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? no
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? clinical
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) R. C. Nevins, M. D
3-5, 1929 (Address) Humansville Mo

*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 City Cemetery
DATE OF BURIAL Mar. 5 1929
20. UNDERTAKER R. A. Joseph
ADDRESS 3149