

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

Do not use this space.

4674

**1. PLACE OF DEATH**

County Jackson Registration District No. 387 File No. \_\_\_\_\_  
 Township Kaw Primary Registration District No. 1007 Registered No. 529  
 City Kansas City (No. 3615 E., 23rd Street) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** MARKS, William

(a) Residence, No. 3615 E. 23rd St. St. 11 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.

**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 Catherine Marks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
79 2 2 2 \_\_\_\_\_

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

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) Germany 16.

13. NAME unknown

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

15. MAIDEN NAME unknown

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

17. INFORMANT Jed Marks (ADDRESS) 3705 College

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE 2-10-32

19. UNDERTAKER R. V. LINDSEY & SONS, Inc. (ADDRESS) 3811 Broadway

20. FILED 2/9 1932 M. M. Crowe Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 7, 1932

22. I HEREBY CERTIFY That I attended deceased from July 1931 to Feb 7th 1932  
 I last saw him alive on Feb 6th 1932 Death is said to have occurred on the date stated above, at 8 P.M.  
 The principal cause of death and related causes of importance were as follows:

Mitral regurgitation 59 Date of onset 1930  
Diabetes mel. 59 1915

Name of operation Amputation Date of \_\_\_\_\_

What test confirmed diagnosis? short-circuiting 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 \_\_\_\_\_

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) Thomas P. Utman M. D.  
 (Address) 830 Professional Bldg.

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.

WHITE COPY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr. J. O. W.

Professional's Building