

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

Do not use this space.

MAY 25 1934

1. PLACE OF DEATH
 County Cass Registration District No. 156 File No. 12172
 Township Grandriver Primary Registration District No. 5219 Registered No. 29
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME FRANK MARDIS
 (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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Jannie J. Mardis
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17, 1868
 7. AGE YEARS 68 MONTHS 4 DAYS 21 If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 8, 1934
 22. I HEREBY CERTIFY, That I attended deceased from Mar 27, 1934 to Apr 8, 1934
 I last saw h. _____ alive on Apr 7, 1934 Death is said to have occurred on the date stated above, at 2:55 a.m.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

The principal cause of death and related causes of importance were as follows:
Acute Intestinal
nephritis
 Other contributory causes of importance: _____
 Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Covington Ky
 13. NAME Donna Mardis
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Donknow
 15. MAIDEN NAME Ruth Donknow
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Donknow

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

17. INFORMANT (ADDRESS) Mrs Frank Payne Shawnee Kan
 18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill Kan DATE 4-10-34

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. _____

19. UNDERTAKER (ADDRESS) Sales Funeral Home 41 + St Paul KC Kan
 20. FILED 4/9 1934 D Shouy Registrar.

Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) David Shaw M. D.
 (Address) Harrisonville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

2. D. Level of information should be carefully supplied.

1934-
1865-
89
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1934-
1865-
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DEPARTMENT OF COMMERCE

E. T. McGaugh, M. D.,

BUREAU OF THE CENSUS

Special Agent,

Jefferson City, Mo.

WASHINGTON

12172

29

Case

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Frank Mardis

Who died at _____ on Apr 8 - 1934

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex M Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 68 Months 4 Days 21

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Interstitial nephritis with general edema of lungs & abdomen

Other contributory causes of importance: Chronic Lupus Erythematosus

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

Name of physician D. J. Long - Harrisonville Mo
Address of physician _____

X Signature of Registrar David J. Long Date filed 10/25-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours, E. T. McGaugh
State Registrar

Reg. Dist. No. 156
Primary Reg. Dist. No. 5219

Special Agent.