

OCT 1 2 1934

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

Do not use this space.

32450

1. PLACE OF DEATH

36 County Franklin
Township Boone
City (No. _____) _____

Registration District No. 295
Primary Registration District No. 5415 a

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Samuel Marrow
(a) Residence, No. Sullivan 750 Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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) Oct. 20, 1856

7. AGE YEARS 77 MONTHS 10 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

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

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) 1930 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Clair Mo

13. NAME John W. Marrow

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

15. MAIDEN NAME Delia Funk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin County Mo

17. INFORMANT Mrs. Anna Whitnie (ADDRESS) Sullivan Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crow Cemetery DATE Sept 18, 1934

19. UNDERTAKER Chas. J. Shaffer (ADDRESS) Sullivan Mo

20. FILED 9/17 1934 Clayton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 17, 1934

22. I HEREBY CERTIFY That I attended deceased from June 1, 1934, to June 15, 1934

I last saw him alive on June 15, 1934 Death is said to have occurred on the date stated above, at 8:30 A.M.

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

Coronary artery disease + heart
U.S.B.
gripes

Other contributory causes of importance: HB

Date of onset 5/1/1934

Name of operation Excision Date of 5-12-1934

What test confirmed diagnosis? Microscopy 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 _____, 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? No

If so, specify _____ (Signed) W. H. ... M. D.

(Address) St. Clair, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

