

9532

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

APR 19 1935

## 1. PLACE OF DEATH

49 County Jasper Registration District No. 411  
7 Township Joplin Primary Registration District No. 2002  
0 City Joplin (No. Greenway Hosp.) St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Miss Marjorie Margaret  
(a) Residence. No. 215 S. Walnut, Commerce, Okla. Commerce, Okla.  
(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 Female 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 Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 20, 1919

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
15 2 27

## 8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Commerce  
(STATE OR COUNTRY) Okla.

10. NAME OF FATHER Mr. John Garetson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Sarcoville  
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Miss Margaret Williams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Monett  
(STATE OR COUNTRY) Mo.

14. INFORMANT John Garetson  
(Address) Commerce, Okla.

15. FILED 3-6-35 Ed James  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 6 1935

17. I HEREBY CERTIFY, That I attended deceased from March 1/30  
\_\_\_\_\_, 19\_\_\_\_, to March 6 1935  
that I last saw her alive on March 6 1935, and that death occurred, on the date stated above, at 8:25 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

General Peritonitis.

1216 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
CONTRIBUTORY (SECONDARY) Ruptured appendix.

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 7 ds.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Commerce Okla

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_

(Signed) W. Mitchell Gray M. D.

(Address) \_\_\_\_\_

\*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 Monett Mo DATE OF BURIAL 2-8-35

20. UNDERTAKER W. Mitchell Gray ADDRESS Joplin Mo

