

JAN 21 1936

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

Do not use this space.

42104

1. PLACE OF DEATH

County Saline
Township Marshall
City Marshall (No. Mo., State School)

Registration District No. 795
Primary Registration District No. 3039

File No.
Registered No. 183
St. Ward)

2. FULL NAME

(a) Residence, No. Mo. State School St., Marshall 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 M 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) 11-4-1926

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
9 1 12

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kirkville Mo

13. NAME Cecil A Darr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nowinger MO

15. MAIDEN NAME Isabelle Kibler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stanton Virginia

17. INFORMANT (ADDRESS) State School Record Marshall

18. BURIAL, CREMATION, OR REMOVAL PLACE Marshall Mo DATE Dec 17 1935

19. UNDERTAKER (ADDRESS) Campbell Marshall

20. FILED Dec 17 1935 Helena Henton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-16 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 3 1935 to Dec 16 1935
I last saw her alive on Dec 16 1935 Death is said to have occurred on the date stated above, at 10:57 p.m.

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

Cerebro spinal Meningitis Date of onset

Other contributory causes of importance: NAB

Name of operation Laboratory Date of NO
What test confirmed diagnosis Laboratory Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? NO Date of injury NO, 19...

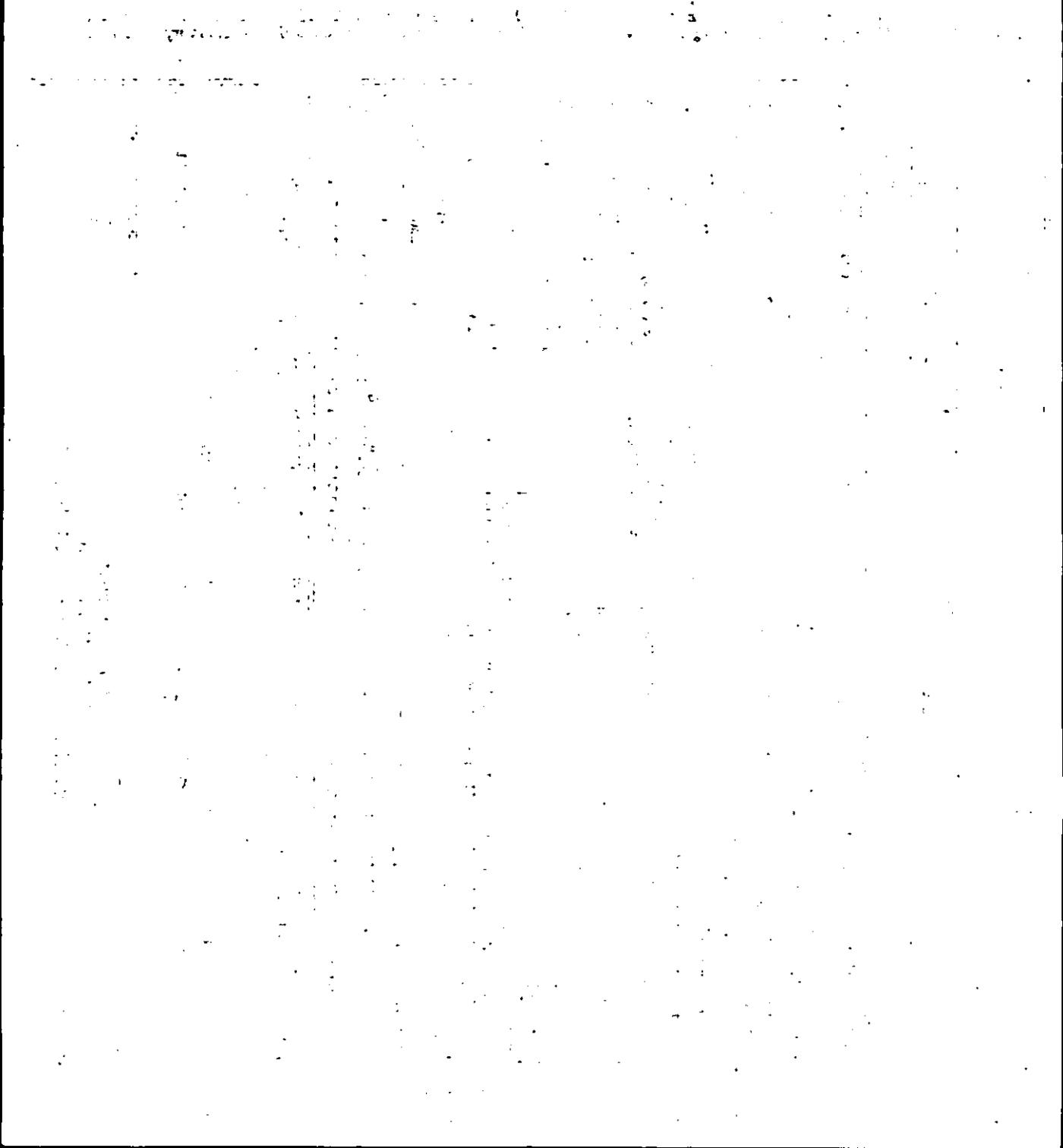
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify NO

(Signed) W. K. Pope M. D.
(Address) Marshall-Mo.

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.



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

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1. PLACE OF DEATH

County Saline
Township Marshall
City Marshall (No.)

Registration District No. 795
Primary Registration District No. 3038

File No.
Registered No.
St. Ward

2. FULL NAME

Harris Lee Warr

(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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED 8
(Write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-16, 1935

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at.....m.

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

7. AGE YEARS MONTHS DAYS If LESS than day, hrs. or min.
9 1 12

The principal cause of death and related causes of importance were as follows:
Cerebro Spinal Meningitis
Non epidemic

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

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 2-14 19..... Raymond Spencer Registrar

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

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?
If so, specify (Signed) M. K. Pope M. D.
(Address) Marshall mo

SUPERINTENDENT

MAB

Every item of information should be carefully supplied. A 22 should be stamped on the certificate. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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