

JUN 30 1937

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

Do not use this space.

1. PLACE OF DEATH

County Monroe
Township
City Neosho (No. _____) St. _____ Ward _____

Registration District No. 875
Primary Registration District No. 3039

File No. 21584
Registered No. 147

2. FULL NAME

(a) Residence (Usual place of abode)

Robert Marley Bethie Marie
North Commercial St. Ward _____ (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 F 4. COLOR OR RACE N 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 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) Neosho (STATE OR COUNTRY) Missouri

13. NAME Charles Marley

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

15. MAIDEN NAME Dorothy Smallwood

16. BIRTHPLACE (CITY OR TOWN) Hot Springs (STATE OR COUNTRY) Arkansas

17. INFORMANT Charles Marley (ADDRESS) 11 Wood Ave

18. BURIAL, CREMATION, OR REMOVAL Marble Cemetery DATE May 28-1937

19. UNDERTAKER Ferry Funeral Home (ADDRESS) Neosho, Mo

20. FILED June 2 1937 M. Beckman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28 1937

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1937, to May 28, 1937

I last saw her alive on May 28, 1937. Death is said to have occurred on the date stated above, at 10 P m.

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

Prematurity (approx 6 mo)

Other contributory causes of importance: 159

Name of operation none Date of _____

What test confirmed diagnosis? Clinical 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 _____, 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 home Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) Joy W. Pease Jr M. D. (Address) Neosho 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.

