FILED MAR 14 1940

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

8510
Do not use this space.

1. PLACE OF DEATH

(a) County Washington — Registration District No. 887

(b) Township Boston — Primary Registration District No. 6179 — Registered No.

(c) or City Potosi — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John J Marr

(a) Residence, No. Potosi Mo Rt 1
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 25 1871

7. AGE: YEARS 68 — MONTHS 7 — DAYS 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Miner
9. Industry or business in which work was done, as 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): Cadet Mo

FATHER
13. NAME: Joseph Marr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn Sylvania

MOTHER
15. MAIDEN NAME: Celia J Trimble
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Old Miner Mo

17. INFORMANT (ADDRESS): Julia Hamsell Cadet Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Pam Creek DATE: Mar 14, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Sparks Potosi Mo

20. FILED: Jan 1, 1940 G F Crossnee 868 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1939, to Nov 12, 1939
I last saw him alive on Oct, 1939 Death is said to have occurred on the date stated above, at 4 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance: 23

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) Joseph L. Thurman, M. D.
(Address) Potosi, Mo.

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

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.

V. S. No. 1 50M-9-19-38 I X16605

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.