

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.

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

Do not use this space.

2456

71

PLACE OF DEATH

County Morgan
Township Morgan
City Excelsior (No. _____)

Registration District No. 598
Primary Registration District No. 5792

File No. _____
Registered No. 52 St. _____ Ward _____

2. FULL NAME Robert A. Marfleet

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 5-1864

7. AGE YEARS 64 MONTHS 0 DAYS 0 IF LESS than 1 day, _____ hrs. or _____ min.

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

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) High Point (STATE OR COUNTRY) Mountain Co. Mo.

13. NAME John W. Marfleet

14. BIRTHPLACE (CITY OR TOWN) Cole County Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Sarah C. Nichols

16. BIRTHPLACE (CITY OR TOWN) Calloway Co. Mo. (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs R.A. Marfleet Excelsior Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE High Point DATE Jan. 8 1933

19. UNDERTAKER (ADDRESS) W. F. Kildreath Versailles Mo.

20. FILED F-6-33 H. N. Seltman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 5th 1933, to Jan 5th 1933. Last saw him alive on Dec 15 1932. Death is said to have occurred on the date stated above, at 3:30 A.M.

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

94B Coronary Occlusion

Other contributory causes of importance: 94B

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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?
If so, specify W. G. Gunn (Coroner) M.D.
(Signed) W. G. Gunn (Coroner) M.D.
(Address) Versailles Mo.

