

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.

OCT 21 1936

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

- Do not use this space.

27763-3

1. PLACE OF DEATH
County St. Francois Registration District No. 33
Township Randolph Primary Registration District No. 6024B
City Leadwood (No. _____) St. _____ Ward _____

2. FULL NAME Charles Marler

(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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 28 1870

7. AGE	YEARS <u>65</u>	MONTHS <u>10</u>	DAYS <u>7</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

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) Missouri

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT Henry Marler
(ADDRESS) Leadwood Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Leadwood Mo. DATE July 16 1936

19. UNDERTAKER J. D. Boyer
(ADDRESS) Leadwood Mo.

20. FILED 10/7/36 19 _____ W. E. Dabuckow
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15 1936

22. I HEREBY CERTIFY That I attended deceased from July 15 1936 to July 15 1936
I last saw him/her alive on July 15 1936 Death is said to have occurred on the date stated above, at 12:30 A.M.
The principal cause of death and related causes of importance were as follows:
Significant of age Date of onset _____

Other contributory causes of importance None

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 Arnold Frankel M. D.
(Signed) Leadwood Mo.
(Address) _____

1936-7-1
1870-8-28

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