

FILED JUN 19 1944

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

Do not use this space.

22304

1. PLACE OF DEATH

County St. Francois
Township Desloge
City Desloge (No. St. Ward)

Registration District No. 316
Primary Registration District No. 6074

File No.
Registered No.

2. FULL NAME

WILLIAM EDWARD 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) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9 1876
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 76 7 28

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) MO.
13. NAME CHARLES MARLER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.
15. MAIDEN NAME AMANDA CRUMP
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

17. INFORMANT FRANCOIS MARLER
(ADDRESS) DESLOGE MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE LEADWOOD DATE 5/10 1944

19. UNDERTAKER J. S. Boyer, Son
(ADDRESS) 212 1/2 S. 1st St. Desloge, Mo.

20. FILED 5-19 1944 J. H. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7 1944

22. I HEREBY CERTIFY, That I attended deceased from Apr. 19 44 to May 7 1944
I last saw him alive on May 6 1944 Death is said to have occurred on the date stated above, at 7 P m.
The principal cause of death and related causes of importance were as follows:
Date of onset

Cancer of prostate

Other contributory causes of importance:

S/P

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 Arteriosclerosis M. D.
(Signed) Armed Traubitz
(Address) Leadwood, Mo.

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.

RECEIVED

District Health Officer No. 4

District File Number 644-3991

Dated 6-17-44

Bert L. Boyer

3445

Leadwood, Mo.