

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

Do not use this space.

JUL 1 1935

1. PLACE OF DEATH

County Saline Registration District No. 796
Township _____ Primary Registration District No. 3038
City Marshall (No. no. State School) _____ St. _____ Ward) _____

File No. 18620
Registered No. 74
St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. _____ of _____ Ward. _____
(Usual place of abode) _____ (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 8 mos. 23 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) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 6, 1912
7. AGE YEARS 22 MONTHS 6 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

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. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Tipton (STATE OR COUNTRY) Missouri

13. NAME John Claas

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

15. MAIDEN NAME Olivera Knipp

16. BIRTHPLACE (CITY OR TOWN) Tipton (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) State School Union Marshall

18. BURIAL, CREMATION, OR REMOVAL PLACE Tipton Mo DATE May 8 1935

19. UNDERTAKER (ADDRESS) Tipton Mo

20. FILED May 9 1935 Wiley Houston Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8 1935
22. I HEREBY CERTIFY That I attended deceased from Aug 15 1934 to May 8 1935
I last saw him alive on May 8 1935 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset _____

Other contributory causes of importance _____

Name of operation none 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? No
If so, specify _____
(Signed) W. H. Marklee M. D.
(Address) Marshall

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.

