

REC'D MAR 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 124
Township _____ Primary Registration District No. 3009 File No. 6329
City Cape Girardeau (No. SOUTHEAST Mo. HOSPITAL) St. _____ Ward _____ Registered No. 68

2. FULL NAME

Oliver Marton 635
(a) Residence, No. _____ St. _____ Ward. JACKSON Mo
(Usual place of abode) (If nonresident, give city of 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29 1869

7. AGE YEARS 68 MONTHS 6 DAYS 24 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED
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) Fruitland, Mo.13. NAME Hiram G. Marton14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape County Mo15. MAIDEN NAME Nancy E. Bull16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Liberty Mo17. INFORMANT Hape Marton (son) (ADDRESS) JACKSON, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Russell Heights DATE February 25, 193819. UNDERTAKER McComb J. & W. Co. (ADDRESS) JACKSON Mo.20. FILED 2-23-38 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB. 23 1938

22. I HEREBY CERTIFY, That I attended deceased from

Jan 14, 1938, to Feb - 23, 1938.I last saw him alive on Feb. 23, 1938. Death is saidto have occurred on the date stated above, at 7:15 p.m.

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

Lung abscess Date of onset 2-18-38Pneumonia 1-28-38

Other contributory causes of importance:

Bladder Stone 108
Prostatic Hypertrophy ?
?
?Name of operation Prostatectomy Date of 1-25-38What test confirmed diagnosis? 3 - my Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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) H. B. Deane, M. D.(Address) Jackson, Mo.

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.

109a

SECRET
NO FOREIGN DISSEM
CYR

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

6329
Do not use this space.

1. PLACE OF BIRTH

(a) County Cape Girardeau Registration District No. 128
(b) Township _____ Primary Registration District No. 2009 Registered No. _____
(c) City Cape Girardeau (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(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 Oliver Norton

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 6 24

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

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED _____ 19 _____

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23, 1928

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____, 19____

I last saw h..... alive on _____, 19..... 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:

lung cancer following pneumonia (Labor)

Date of onset

Other contributory causes of importance: 10

Name of operation _____ Date of _____

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

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) D. P. Seabough, M. D.

(Address) Jackson Mo.

SUPPLEMENTARY

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

