

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

Do not use this space.

14492

JUN 24 1927

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.

1. PLACE OF DEATH
 County Carroll Registration District No. 143
 Township Conk Primary Registration District No. 5205
 City Freemont (No. _____) St. _____ Ward _____

2. FULL NAME Stephen Harrison Marchbank
 (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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Ann Marchbank

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 14 - 1855

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>71</u>	<u>7</u>	<u>22</u>	<u>22</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Levan
 (STATE OR COUNTRY)

10. NAME OF FATHER Harrison Marchbank

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Levan
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mrs. Ellen Hill

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Levan
 (STATE OR COUNTRY)

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 6, 1927

17. I HEREBY CERTIFY, That I attended deceased from May 5, 1927, to May 6, 1927, that I last saw him alive on May 6, 1927, and that death occurred, on the date stated above, at 8:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Liver
46 to 47 (duration) yrs. 3 mos. ? ds.
 CONTRIBUTORY arterio-sclerosis
 (SECONDARY) (duration) 5 yrs. ? mos. ? ds.

18. WHERE DISEASE CONTRACTED 44 B
 IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
 WAS THERE AN AUTOPSY?.....
 WHAT TEST CONFIRMED DIAGNOSIS? T. M. Cullen, M.D.
 (Signed) Van Buren, Mo.
May 9, 1927 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Freemont, Mo.</u>	DATE OF BURIAL <u>5-8-1927</u>
20. UNDERTAKER <u>Mrs. Jonas</u>	ADDRESS <u>Freemont,</u>

14. INFORMANT Bella Jonas
 (Address) Freemont

15. FILED May 7, 1927 T. M. Cullen
 REGISTRAR

