

APR 27 1927

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

Do not use this space.

9311

1. PLACE OF DEATH

County Randolph
Township Union
City..... (No.....)..... St. Ward)

Registration District No. 735
Primary Registration District No. 5971

File No.
Registered No. 58

2. FULL NAME

Raymond L Marshall

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED S.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 18th 1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4 3

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

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

PARENTS
10. NAME OF FATHER William Marshall
11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Fella Collier
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) Mo

14. INFORMANT Wm Marshall (Address) R.F.D. Moberly Mo

15. FILED 3/22, 1927 Shos. S. Fleising REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 21st 1927

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1927, to March 21, 1927, that I last saw h. s. alive on March 20, 1927, and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchio pneumonia
1000
(duration) yrs. mos. 21 da.

CONTRIBUTORY unknown (SECONDARY)
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. M. Moberly, M. D.
3-22nd 1927 (Address) Moberly Mo

*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 Salvo new moberly DATE OF BURIAL 3-22nd 1927

20. UNDERTAKER Moberly and Son ADDRESS Moberly 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.

