

JUL 29 1927

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

Do not use this space.

20466

1. PLACE OF DEATH

County Wagon Registration District No. 875 File No. 20466
Township Washington Primary Registration District No. 6162 Registered No. 120
City (No.) St. (Ward)

2. FULL NAME

George Thomas Marshal

(a) Residence No. Sumner Mo Ward. (If nonresident give city or town and State)
(Usual place of abode)

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 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 D. H.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-24-1890

7. AGE Years 37 Months 1 Days 40 If LESS than 1 day, hrs. or min.

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) Millers Creek, Dent Tenn (STATE OR COUNTRY)

10. NAME OF FATHER Thos Marshal

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Cherokee N.C.

12. MAIDEN NAME OF MOTHER Martha Perry

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

14. INFORMANT Lillian Marshal (Address) Trayer

15. FILED 7/6 1927 B. H. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-24-1927

17. I HEREBY CERTIFY, That I attended deceased from March 1st, 1927, to June 24, 1927, that I last saw him alive on June 22, 1927, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Leucodermia
of unknown
cause (duration) yrs. mos. da.

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

18. WHERE WAS DISEASE CONTRIBUTED IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No OF WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS: (Signed) G. B. D. Farrell, M. D. 6-27, 1927 (Address) Sumner 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 Trayer Mo DATE OF BURIAL June 25 1927

20. UNDERTAKER Ferry Funeral Home, Nevada Mo ADDRESS

K. E.—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.

