

SEP 27 1927

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

Do not use this space.

23820

8

1. PLACE OF DEATH

County Cass  
Township Mill  
City Belton

Registration District No. 148  
Primary Registration District No. 5212

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

James Marshall  
(a) Residence No. Belton Mo St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident give city or town and State)

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 Infant

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 6 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day hrs. or min.  
 died at Birth

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work d  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

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

PARENTS

10. NAME OF FATHER Charles Marshall

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

12. MAIDEN NAME OF MOTHER Willa Marshall

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

14. INFORMANT Willa Marshall  
(Address) Belton Mo

15. FILED 8-6-27 R. M. Miller  
REGISTRAR

7 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 5 - 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 6 1927, to Aug 6 1927 that I last saw him alive on Aug 6 1927, and that death occurred, on the date stated above, at 7:30 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Prigmetel cardiac anomaly  
150  
150  
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Prigmetel cardiac anomaly  
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED Belton Mo  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical  
(Signed) W. J. Marshall M. D.  
7-7-1927 (Address) Belton 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 Belton DATE OF BURIAL 8-6-1927

20. UNDERTAKER Westphal Agency ADDRESS Belton

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.

