

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

Do not use this space.

35257

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City..... (No. **6301 Minnesota Ave.**)..... St. Ward)

File No.
 Registered No. **10456**
 St. Ward)

2. FULL NAME Francis X. Marsot

(a) Residence. No. **6301 Minnesota Ave.** St. **1** 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 **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 **Elizabeth Marsot**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **October, 19, 1841**

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	86	1	2	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) **France**
 (STATE OR COUNTRY)

10. NAME OF FATHER **Joseph Marsot**

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

12. MAIDEN NAME OF MOTHER **Unknown**

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

14. INFORMANT **M. Marsot**
 (Address) **6301 Minnesota**

15. FILED **24 22 1927** **Mary B. Starkeoff**
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Nov. 19** 19 **27**

I HEREBY CERTIFY, That I attended deceased from **Nov. 14, 1927**, to **Nov. 19, 1927**, that I last saw him alive on **Nov. 19, 1927**, and that death occurred, on the date stated above, at **8:35 P. M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute enteritis
12 2 1927
120 B
 (duration) yrs. mos. **6** da.

CONTRIBUTORY **Obstruction of bowels, Intestinal**
 (SECONDARY) (duration) yrs. mos. **4** da.

18. WHERE WAS DISEASE CONTRACTED **4/18/27**
 IF NOT AT PLACE OF DEATH

DID AN OPERATOR PRECEDE DEATH? DATE OF.....
 WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) **Joseph Hardy**, M. D.
Nov 21, 1927 (Address) **7602 S. Bridgway**

*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 **Mount Olive** DATE OF BURIAL **Nov. 22 1927**

20. UNDERTAKER **Southern** ADDRESS **7315**
S. Brady

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.

W. H. Harey

W. H. Harey

4
3