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

Do not use this space.

36087

JAN 17 1928

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City St. Joseph. (No. St. Joseph's Hospital St. Ward)

File No.

Registered No. 1333

2. FULL NAME Julia Emily Marsee

(a) Residence. No. St., Ward. Savannah, MO.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 9 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

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: William H Marsee

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May. 29. 1862.

7. AGE: Years 65 — Months 6 — Days 27 — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Household

(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): Randolph County, Indiana

PARENTS

10. NAME OF FATHER: Benjamin Peacock.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown Indiana

12. MAIDEN NAME OF MOTHER: Elizabeth Anderson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown Indiana

14. INFORMANT: Sam Peacock
(Address) Savannah, MO.

15. FILED DEC 27 1927, 19 John G. Wtz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): December. 26 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1927, to Dec. 26, 1927, that I last saw her alive on Dec 26, 1927, and that death occurred, on the date stated above, at 7 30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
Tuberculous Enteritis
23 A
25 (duration) unknown yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Don't know

DID AN OPERATION PRECEDE DEATH? No. DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? X-Ray, Lab. & Phys. Find.

(Signed) E. M. Shores, M.D.

Dec. 27. 1927 (Address) 317 Kirkpatrick Bldg St. Joseph, 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: Savannah, Missouri.

DATE OF BURIAL: Dec. 28. 1927.

20. UNDERTAKER: H. O. Sidenfader

ADDRESS: 1802 Union Stree

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.