

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

Do not use this space. **1085**

1. PLACE OF DEATH

County Jackson
 Township Bar
 City Cambridge Mo

Registration District No. 399
 Primary Registration District No. 2577/20

File No. _____
 Registered No. 105
 St. _____ Ward _____

2. FULL NAME

Charles Thomas Marshall
 (a) Residence. No. 1572 East 31 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. 4 da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 3 1848

7. AGE Years 87 Months 3 Days 5 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER London Marshall

11. BIRTHPLACE OF FATHER (CITY OR TOWN) va
 (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Robert Emery
 (Address) 1672 East 31

15. FILED Aug 28 1928 M. M. Crowe REGISTERAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-8 1928

17. I HEREBY CERTIFY That I attended deceased from Jan 6 1928, to Jan 7 1928 that I last saw him alive on Jan 7 1928, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
bronchial pneumonia

11 (duration) yrs. mos. 4 da.
 CONTRIBUTORY (SECONDARY) Grippe
 (duration) yrs. mos. 3 da.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) A. J. Palmer M. D.
 19 28 (Address) 843 Patton St

*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 Elmwood DATE OF BURIAL 10 1928

20. UNDERTAKER W. H. West ADDRESS 1915 East 15

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

