1928

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

Do not use this space.

14504

1. PLACE OF DEATH

County Ray — Registration District No. 744 — File No.

Township Richmond — Primary Registration District No. 5976 B — Registered No. 40

City Swanwick (No. ..., ... St. ..... Ward)

2. FULL NAME William Marshall Col.

(a) Residence. No. ..... 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	Black	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) About 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	65			

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Miner

(b) General nature of industry, business, or establishment in which employed (or employer) Coal Mining

(c) Name of employer Pickering & Co

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Virginia

PARENTS

10. NAME OF FATHER Don't Know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Don't Know

12. MAIDEN NAME OF MOTHER Don't Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Don't Know

14. INFORMANT Jacob Jones
(Address) Richmond Mo R.F.D.#5

15. FILED 4/23, 1928 R L Hamilton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/22/28 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr. 22 2, 1928, to ——, 19—, that I last saw h— alive on ——, 19—, and that death occurred, on the date stated above, at about 3 30 P.m. 1928

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Homicide "Firearms"

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 197

(duration) ..... yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) ....., M. D

4/23, 1928 (Address)

*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	DATE OF BURIAL
City Cem.	4/24/28 19

20. UNDERTAKER	ADDRESS
J. R. Massow	Richmond Mo.

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.