22 1928

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

Do not use this space.

34119

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.

1. PLACE OF DEATH

County: Linn — Registration District No.: 496 — File No.:

Township: — Primary Registration District No.: 3025 — Registered No.: 75

City: Brookfield, (No. ..., ... St. ... Ward)

2. FULL NAME Inez Estella Marseilles

(a) Residence. No. 516 S. Main St., 4 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 13 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)
F	W	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wife of W.F. Marseilles

6. DATE OF BIRTH (MONTH, DAY AND YEAR): August, 7th. 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	1	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Oshkosh, Wis.
(STATE OR COUNTRY): Wis.

PARENTS

10. NAME OF FATHER: Simpson.

11. BIRTHPLACE OF FATHER (CITY OR TOWN): do not know
(STATE OR COUNTRY): " " " " " "

12. MAIDEN NAME OF MOTHER: do not know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): do not know
(STATE OR COUNTRY): " " " " " "

14. INFORMANT: Mrs. Della Murphy
(Address): Agusta, Kansas

15. FILED 10-7, 1928 Bessie M. Fore Deputy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 5th. 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1928, to Oct. 5th, 1928, that I last saw h. alive on Oct. 5th, 1928, and that death occurred, on the date stated above, at about 8:20 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris Major
80 yrs
(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY): Flatulent Distention of the Stomach (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED: At place of death
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? History, Symptoms & Physical Findings
(Signed) G. H. Queen M.D.
, 19 (Address) Brookfield 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: Rose Hill Cemetery — DATE OF BURIAL: Oct. 7 1928

20. UNDERTAKER: C.W.Hill — ADDRESS: Brookfield, Mo