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

Do not use this space.

15866

1. PLACE OF DEATH
County St. Louis
Township Carondelet
City Overland (No. ..... St. ..... Ward)

Registration District No. 789
Primary Registration District No. 60 33 B

File No. .....
Registered No. ~~121~~ 119

2. FULL NAME William Jefferson Marshall
(a) Residence. No. Wise Road 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: 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: Nannie Marshall

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 18, 1849

7. AGE: Years 79 | Months 6 | Days 5-6 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Henderson Co. Ky.

PARENTS
10. NAME OF FATHER: John H. Marshall
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Henderson Ky.
12. MAIDEN NAME OF MOTHER: Martha E. Hopkins
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Henderson Ky.

14. INFORMANT: Mrs. Mary E. Finley
(Address) 734 Leland ave.

15. FILED 4/26 1929 Rolla Bracy M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4/23 1929

17. I HEREBY CERTIFY, That I attended deceased from 4/20, 1929, to 4/23, 1929, that I last saw him alive on 4/22, 1929, and that death occurred, on the date stated above, at 5:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr. Myocarditis
131
930
(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Chr. Nephritis
(duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? N.A.
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Findings
(Signed) Geo H Klinke Huss M. D.
4/25, 1929 (Address) 334 Bermuda Ave

*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: Memorial Park
DATE OF BURIAL: 4/26 1929

20. UNDERTAKER: Elmer Shepard
ADDRESS: 1167 Hamilton

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.