

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

Do not use this space.

18519

1. PLACE OF DEATH

County Jasper
Township Joplin Mo.
City Joplin Mo.

Registration District No. 411
Primary Registration District No. 1002

File No. _____
Registered No. 211 (Ward)

FULL NAME

Sister Mary Cecilia Marshall
(a) Residence No. St. John's Hosp. Ward _____
(Usual place of abode)

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 Female 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 14-1844

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ____ hrs. or ____ min.
	<u>84</u>	<u>6</u>	<u>27</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) New York Co.
(STATE OR COUNTRY) N.Y.

10. NAME OF FATHER Henry Marshall

11. BIRTHPLACE OF FATHER (CITY OR TOWN) N.Y.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Margaret

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) N.Y.
(STATE OR COUNTRY)

14. INFORMANT Sister Superior
(Address) Joplin Mo.

15. FILED 5-13-1929 Dr. Wallack
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 12 1929

17. I HEREBY CERTIFY, That I attended deceased from May 11, 1929 to May 12, 1929 that I last saw her alive on May 30 1929, and that death occurred, on the date stated above, at 1:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

cerebral hemorrhage
8271

CONTRIBUTORY (SECONDARY) Senility
(duration) 1 yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) A. Mitchell Gregg, M. D.
512, 1929 (Address) Joplin 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 Kansas City Mo. DATE OF BURIAL May 15 1929

20. UNDERTAKER Frank-Peters Co. ADDRESS Joplin Mo.

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

K. 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.

2222

JUN 1929

