

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

Do not use this space.

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1. PLACE OF DEATH

County Saline
Township Marshall
City Marshall, Mo. (No.)

Registration District No. 796
Primary Registration District No. 6039

File No.
Registered No. 156
St. Ward)

2. FULL NAME

Mrs. Leo Marbough

(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 Female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 1, 1884
7. AGE YEARS MONTHS DAYS IT LESS than 1 day, hrs. or min.
49 8 22

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

9. BIRTHPLACE (CITY OR TOWN) Cooper Co, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Tolbert Birch

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

12. MAIDEN NAME OF MOTHER Mary Decker

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

14. INFORMANT Miss Tracy Marbough
(Address)

15. FILED 10-26-29 Mrs. John H. McGuire
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 27 1929
17. I HEREBY CERTIFY, That I attended deceased from Mar 25 1929 to Oct 27 1929, 1929 that I last saw her alive on Oct 19 1929, and that death occurred, on the date stated above, at 12.50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of the uterus and Bladder
48
5313
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Yes
(duration) yrs. mos. ds.

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

1 DID AN OPERATION PRECEDE DEATH? no DATE OF Mar 30/29
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory
(Signed) D. J. Manning, M. D.
10/22 1929 (Address) Marshall, 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 Ridge G. Cemetery DATE OF BURIAL Nov. 2 1929
20. UNDERTAKER J. L. Swanson ADDRESS Marshall, 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.

PARENTS
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