

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

Do not use this space.

37022

1. PLACE OF DEATH

County Jackson Registration District No. 398
Township Blount Primary Registration District No. 3019
City Judith Mo (No. _____) St. _____ Ward _____

File No. _____
Registered No. 388
St. _____ Ward _____

2. FULL NAME

Chauncey Marshall
(a) Residence No. 512 - W. J. Nettleton Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 3 mos. _____ ds. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug 20 - 29</u>		
7. AGE	YEARS <u>0</u>	MONTHS <u>3</u>
	DAYS <u>0</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>none</u> (b) General nature of industry, business, or establishment in which employed (or employer). <u>none</u> (c) Name of employer _____		

9. BIRTHPLACE (CITY OR TOWN) Judith Mo.
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Abbott Marshall</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Gleason Mo.</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Hattie Grace Thomas</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Judith Mo.</u> (STATE OR COUNTRY)

14. INFORMANT Abbott Marshall
(Address) 612 W. Nettleton

15. FILED 11-20-29 F. Hook
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 20, 1929
17. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1929 to Nov 20, 1929
that I last saw him _____ alive on _____, 19____ and that death occurred, on the date stated above, at 5:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Parasitic Pneumonia
107A (duration) yrs. _____ mos. 5 ds.
CONTRIBUTORY (SECONDARY) 107A (duration) yrs. _____ mos. _____ ds.
18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Signs & Symptoms
(Signed) D. W. Griffin M. D.

*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 Woodlawn. DATE OF BURIAL 11-21 1929
20. UNDERTAKER C. H. Carson & Son ADDRESS Judith Mo.

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is also important.

NOV 20 1929

