

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

Do not use this space.

41265

1. PLACE OF DEATH

County Linn Registration District No. 470
 Township Waverly Primary Registration District No. 3633
 City (No.) St. Ward)

File No.
 Registered No. 65

2. FULL NAME Wm. Marshall

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
Dec 19

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Linn Co. Mo.

10. NAME OF FATHER A. Marshall

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Linn Co. Mo.

12. MAIDEN NAME OF MOTHER F. M. Garrison

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Lin. Ark.

14.

INFORMANT A. Marshall
 (Address) W. W. Garrison

15.

FILED Jan 8 30 W. D. Fultou
 1929 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 19 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 19 1929 to Dec 19 1929, 1929 that I last saw him alive on Dec 19 1929, and that death occurred, on the date stated above, at 4 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Obstruction due to cigarette
Cardiac embolism
159C
161 B (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE of.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) W. D. Fultou
 19 (Address) W. W. Garrison

*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 Salem County DATE OF BURIAL 12/20 1929

20. UNDERTAKER Phillips & Fawcett, Inc. ADDRESS

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. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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