

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

Do not use this space.

41276

1. PLACE OF DEATH

County Lewis Registration District No. 479
Township La Belle Primary Registration District No. 4288
City..... (No.....) St. Ward)

File No.....
Registered No.....

2. FULL NAME

Maria Angeline 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 16 1852

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1	
				day,	hrs. or
	<u>77</u>	<u>9</u>	<u>22</u>	<u>=</u>	<u>min.</u>

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Albia Iowa
(STATE OR COUNTRY)

10. NAME OF FATHER Louisa Marshall

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

12. MAIDEN NAME OF MOTHER Angelina Bay

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

14. INFORMANT Mrs. Nellie Cameron
(Address) La Belle Mo

15. FILED 12/9 1929 J. L. Bourn
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 8 1929

17. I HEREBY CERTIFY, That I attended deceased from act
Taken 12 12 30 P. M. to Death 8 19 29
that I last saw h. 12 alive on December 8 19 29, and that death occurred, on the date stated above, at 10 P. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Arteriosclerosis of the heart of all other her faints in temp. all so George of Brain (duration) yrs. mos. da.

CONTRIBUTORY Death cause of asthma and other ailments (SECONDARY) (duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF 5/9/29

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Dr. J. L. Coates M.D.

, 19 (Address) La Belle 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 Tinley Cemetery, Iowa DATE OF BURIAL 12/11 1929

20. UNDERTAKER James T Coates ADDRESS La Belle Mo

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD---VAN 1920
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.

