

**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 Buchanan Registration District No. 86
 Township New Lexington Mo Primary Registration District No. 5127
 City Washington St. New Lexington Mo Ward

File No. _____
 Registered No. 8
 St. _____ Ward _____

2. FULL NAME

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 20 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
20 2 20

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) St Joseph Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Herbert Marsden

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

12. MAIDEN NAME OF MOTHER Mabel Berry

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

14. INFORMANT Mrs Herbert Marsden
 (Address) St Joseph Mo

15. FILED 13, 19 30 J. J. Pausbach
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 10 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1930 to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at about 3:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Homicide - By Gun Shot - at Saxton Mo.

Archer shot by me (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) lusk of head (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? BW Maaloc Osener, M. D.

(Signed) _____, M. D. 1/11 1930 (Address) St Joseph 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 Mem Park Cem DATE OF BURIAL Jan 13 1930

20. UNDERTAKER Heeman General Home ADDRESS 1946 Leddon

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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PARENTS

