

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

Do not use this space.

8171

**1. PLACE OF DEATH**

County Cooper  
Township Boonville  
City Boonville (No. ....)

Registration District No. 218-113  
Primary Registration District No. 3015-8

File No. ....  
Registered No. 2-019  
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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 7-1876

7. AGE YEARS 53 MONTHS 6 DAYS 1 If LESS than 1 day, .... hrs. or .... min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Officer Mo. Reformatory  
(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) Bidwell Mo.

PARENTS

10. NAME OF FATHER Witt M. Marsh

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

12. MAIDEN NAME OF MOTHER Martha Stowe

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

14. INFORMANT Mrs. Ellis Marsh (Address) Boonville Mo

15. FILED Mar 8, 1930 Family REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 8 - 1930

17. I HEREBY CERTIFY, That I attended deceased from March 6, 1930, to March 8, 1930 that I last saw him alive on March 8, 1930, and that death occurred, on the date stated above, at 5 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebro Spinal Meningitis  
193

(duration) yrs. .... mos. 2 ds.  
CONTRIBUTORY (SECONDARY) 71A  
(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 Clinical  
(Signed) C. H. ... M. D.

Mar 8, 1930 (Address) Boonville 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 Sebanon Mo. DATE OF BURIAL 3/9 - 1930

20. UNDERTAKER Goodman & Polk, Boonville Mo ADDRESS

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.

APR 28 1930

