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

Do not use this space. **12914**

1. PLACE OF DEATH

County: Jackson — Registration District No. 399 — File No. 1843

Township: Kaw — Primary Registration District No. 202 — Registered No.

City: Kansas City (No. 39 12 Mercier St. Ward)

2. FULL NAME Mrs. Jennie May Marshall,

(a) Residence. No. 39 12 Merdier St., 7 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 4th, 1864

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
-66-	-0-	-23-	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home

(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) Illinois

10. NAME OF FATHER William Harding

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) England

12. MAIDEN NAME OF MOTHER ~~Anna~~ Emma Esther Taylorson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) England

PARENTS

14. INFORMANT Ruth E Marshall

(Address) 3912 Mercier, K. C. Mo.

15. FILED 4/28, 1930 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 27th 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb. 1926 to Apr. 27th 1930, that I last saw her alive on Apr. 27th 1930 and that death occurred, on the date stated above, at 8:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial Insufficiency

92C

92D

(duration) yrs. 2 mos. – ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis

(duration) 3 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?

(Signed) Edw. H. Hashinger, M. D.

4/28, 1930 (Address) 1325 Riatto Bldg.

*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	DATE OF BURIAL
Forest Hill Cemetery	Apr. 29 1930

20. UNDERTAKER	ADDRESS
R. V. Lindsey & Sons, Inc.	city Kans Mo

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.

State of Missouri
County of Jackson SS.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 12914
Local Registrar's No. 1843

On this 25 day of March, 1944, before me appears Ruth Marshall, who, upon her oath, states that the original record of birth/death of Mrs. Jennie May Marshall born April 27, 1930, in the State of Missouri, and which was filed at KC, Mo. on 4-28 1930 should be corrected as follows:

Item No. ..... should read .....

Instead of .....

Item No. #12 should read Emma Esther Taylorson

Instead of mother's name Anna Taylorson

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Ruth E. Marshall daughter
Relationship.

436 W 47th
Present Address.

Subscribed and sworn to before me this 25 day of March, 1944

My Commission expires Oct. 20. 1947 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
25M-3-42
I X32339

A16-1-5