

**BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

2002
1

1. PLACE OF DEATH

County Linn
Township Fairburn
City Avalon, Mo. (No. _____)

Registration District No. 5-11
Primary Registration District No. 5-680

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

2. FULL NAME

M. Anna 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 9, 1876
7. AGE Years 54 Months 1 Days 6 If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Housekeeper (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____
9. BIRTHPLACE (CITY OR TOWN) Sparta (STATE OR COUNTRY) Ill.
10. NAME OF FATHER Geo. Marshall
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Sparta (STATE OR COUNTRY) Randolph Ill.
12. MAIDEN NAME OF MOTHER Nancy Reid
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Scottland (STATE OR COUNTRY) _____

14. INFORMANT H. G. Gumbro (Address) Avalon Mo
15. FILED Jan 16 1931 Mrs. Chas. Ludwig REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 10 1931
17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1930 to Sept 9, 1931 that I last saw her alive on Sept 9, 1930 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Pulmonary Tuberculosis
2 SA

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 8
(duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH _____ DATE OF _____

8 WAS THERE AN AUTOPSY? (1)

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) O. P. Edwards, M. D.
1/15, 1931 (Address) Lina Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURES OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Avalon Mo DATE OF BURIAL 1 16 1931

20. UNDERTAKER W. A. Parabeer ADDRESS Lina Mo.

PARENTS

