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

Do not use this space.

26197

1. PLACE OF DEATH
County St Louis Co. Registration District No. 1123 File No.
Township Carondelet Primary Registration District No. 6248 B Registered No. 272
City Koch Mo (No. R. Koch Hosp. St. Ward)

2. FULL NAME Clarence Marshall
(a) Residence. No. 815 Benton St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 2 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

AUG 29 1931

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	Col.	M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 26, 1902

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	29	6	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer 231 23
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Leighton, Alabama
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Billy Marshall
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ?
(STATE OR COUNTRY) Alabama
12. MAIDEN NAME OF MOTHER Luxora Smith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ?
(STATE OR COUNTRY) Alabama

14. INFORMANT Koch Hosp Records
(Address) Koch Mo

15. FILED July 25 1931 L. C. Obrock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 22nd 1931

17. I HEREBY CERTIFY, That I attended deceased from April 29, 1931, to July 22nd, 1931, that I last saw him alive on July 22nd, 1931, and that death occurred, on the date stated above, at 7 30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Pulmonary Tuberculosis (Far Advanced)
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Pulmonary Hemorrhage
(duration) yrs. mos. ? ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Koch Hosp., Koch Mo
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? (1) Xray (2) Sputum
(Signed) Benj Margulois, M. D.
July 22nd 1931 (Address) Koch Hosp, Koch 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	DATE OF BURIAL
Anatomical Board	July 26 1931
20. UNDERTAKER	ADDRESS
City St. Louis	St. Louis