

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

Do not use this space.

31670

1. PLACE OF DEATH

County Johnson Registration District No. 1130
Township Post Oak Primary Registration District No. 5586
City _____ (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME Thomas I Marshall

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 5 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co Mo

13. NAME Thomas Marshall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Unknown,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) T. J. Marshall Warrensburg, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Hill DATE Sept. 8 1931

19. UNDERTAKER (ADDRESS) S. R. Sweeney Warrensburg, Mo

20. FILED Sept 8 1931 W. B. Hoops Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sep. 7. 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1931, to Sept 7th, 1931
I last saw him alive on Aug 15, 1931. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Interstitial nephritis
Sclerosis Arteries
with sys. circual weakness

Date of onset
Several years

Other contributory causes of importance:
eye bad teeth

Name of operation 131 Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 1931
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) John T. Anderson, M. D.
(Address) Warrensburg Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

