

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

Do not use this space.

33825

1. PLACE OF DEATH

County Cape Girardeau
Township Shannon
City Nearly Edg. Mo. (No.)

Registration District No. 129
Primary Registration District No. 5180

File No.
Registered No. 24
St. Ward

2. FULL NAME

(a) Residence, No. Nearly Edg. Mo. 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 <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James Thomas Marshall</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 18-1863-</u>		
7. AGE YEARS <u>68 years</u>	MONTHS <u>5</u>	DAYS <u>0</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Common Labor</u>		If LESS than 1 day,hrs. ormin.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Stone Quarry work.</u>		11. Total time (years) spent in this occupation <u>about 1 year ago</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Holms Co. Miss.</u>		

MOTHER	13. NAME <u>George Thomas</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>
	15. MAIDEN NAME <u>Sally Evans</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Holms Co. Miss</u>
	17. INFORMANT (ADDRESS) <u>George Thomas Nearly Edg. Mo.</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Nearly Edg.</u> DATE <u>Oct. 19-1931</u>
FATHER	19. UNDERTAKER (ADDRESS) <u>James Zumbal, Don Cape Girardeau Mo</u>
	20. FILED <u>Oct 19-1931</u> <u>J. J. Schom</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 18th, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct Aug 24th, 1931, to Oct Aug 24th, 1931. I last saw him alive on Aug 24th, 1931. Death is said to have occurred on the date stated above, at 4 P.M. a.m. The principal cause of death and related causes of importance were as follows:

When I saw him he was suffering with mitral Regurgitation which I am confident was the cause of his death
92A
Other contributory causes of importance:
Also had a severe dropsical condition when I saw him

(Name of operation) None Date of
What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
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?
If so, specify: None
(Signed) W. J. Schom, M. D.
(Address) P.O. Cape Girardeau, 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.

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