

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.

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

Do not use this space.

35077
1931

PLACE OF DEATH

County Moniteau
Township Linn
City..... (No.....) St..... Ward.....

Registration District No. 574
Primary Registration District No. 5792A

File No.
Registered No. 39 Ward.....

2. FULL NAME

Nona May 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)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) aug 1 - 1931

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
2 14

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

13. NAME Raymond Marshall

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

15. MAIDEN NAME Lula Begert

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

17. INFORMANT (ADDRESS) Raymond Marshall

18. BURIAL, CREMATION, OR REMOVAL PLACE Jamestown Cem. DATE 10-16-31

19. UNDERTAKER (ADDRESS) Albert Hornbeck

20. FILED TH/1 1931 Ellis E. Karke Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 15, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1931, to Oct 15, 1931

I last saw him alive on Oct 15, 1931. Death is said

to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

Pyloric Stenosis
Hypertrophic
1575

Date of onset

Birth
or
5 mos
afterward

Other contributory causes of importance:

Name of operation Cut muscle Date of Oct 15
What test confirmed diagnosis? operation Was there an autopsy? no

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? no

If so, specify.....

(Signed) A. H. Meredith M. D.

(Address) Prague Home No

