

Dr. W

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

Do not use this space.

38351

1. PLACE OF DEATH  
County Mississippi Registration District No. 567  
Township St. James Primary Registration District No. 5763  
City St. James (No. 86) St. 86 Ward 86  
FULL NAME J. F. Jr. Fayette Marshall  
(a) Residence, No. 86 St. 86 Ward 86  
(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) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7, 1930  
7. AGE YEARS MONTH DAYS If LESS than 1 day, hrs. or min.  
1 5 15  
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) Mississippi  
13. NAME John Fayette Marshall  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison, Tenn  
15. MAIDEN NAME Christine Townsend  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi  
17. INFORMANT (ADDRESS) John Fayette Marshall East Travis mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Union Mo. Nov. 23 1931  
19. UNDERTAKER (ADDRESS) Travis Shelby East Travis mo.  
20. FILED 11-22 1931 Huff M. Hodger Registrar

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 22, 1931  
2. I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1931, to Nov. 22, 1931  
I last saw him alive on Nov. 22, 1931. Death is said to have occurred on the date stated above, at 9:45 am.  
The principal cause of death and related causes of importance were as follows:  
Infantile Paralysis Date of onset Nov. 8, 1916  
Other contributory causes of importance:  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
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 \_\_\_\_\_  
(Signed) Geo. W. Whitaker M. D.  
(Address) East Travis 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.

DEATH RECORD

Handwritten text, possibly a signature or date, located in the upper right corner of the page.