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.

MAR 21 1932

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 3809

Township — Primary Registration District No. 1001 — Registered No. 161

City St. Joseph (No. 1167 Fredrick Ave. St. Ward)

2. FULL NAME Hazel Marshall

(a) Residence, No. Spring Garden Addition St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 3, 1913

7. AGE: YEARS 19 — MONTHS 1 — DAYS 15 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife at home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
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): St Joseph Missouri

FATHER

13. NAME: David M. Ginter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Andrew Co. Missouri

MOTHER

15. MAIDEN NAME: Bertha M Grayhan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): DeKalb Co. Missouri

17. INFORMANT (ADDRESS): David M Ginter, Spring Garden Add. St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL: Memorial Park
PLACE St Joseph Mo. DATE Febr. 20 1932

19. UNDERTAKER (ADDRESS): H. O. Sidenfader, 1802 Union st St Joseph Mo.

20. FILED FEB 19 1932 — John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): February 18, 1932

22. I HEREBY CERTIFY, That I attended Viewed deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 5:30 P.m.

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

Suicide by taking Strychnine at R. F. D. No 5

Date of onset

163

Other contributory causes of importance: none (5)

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 2/18, 1932
Where did injury occur? Near St Joseph Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place no
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) B. M. Tadlock Coroner, M. D.
(Address) 821 Frances