

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

Do not use this space.

27573

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1009**
 City St. Louis (No. 4309, Lindell Blvd) St. _____ Ward _____

File No. _____
 Registered No. **7388**
 St. _____ Ward _____

2. FULL NAME Ellen F. Marsh
 (a) Residence, No. 4309 Lindell Blvd St. 19 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)** Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 15 - 1862
7. AGE YEARS 69 MONTHS 7 DAYS 26 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School Teacher
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) Bristol Wisconsin 2

FATHER
13. NAME Wm L. Marsh

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

MOTHER
15. MAIDEN NAME Ellen Fowler

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

17. INFORMANT (ADDRESS) Mary Ellen Jones 5557 Chamberlain Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Eau Claire, Wis Aug 14, 1932

19. UNDERTAKER (ADDRESS) P. P. Lupton & Sons 4449 Olive Street

20. FILED Aug 11 1932 Max C. Harkley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11, 1932
22. I HEREBY CERTIFY, That I attended deceased from Aug 9th, 1932, to Aug 11th, 1932
 I last saw her alive on Aug 11th, 1932. Death is said to have occurred on the date stated above, at 7:00 a.m.
 The principal cause of death and related causes of importance were as follows:

Hepatic Cirrhosis
(Enter liver involved)
 Other contributory causes of importance:
46501
 Date of onset _____

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) J. A. Crissman M. D.
 (Address) 4309 Lindell Blvd

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.

