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

Do not use this space.

39991

File No. 4999

Registered No.

1. PLACE OF DEATH

County: Jackson — Registration District No.: 189

Township: Blue Grove State — Primary Registration District No.: 1002

City: Kansas City Mo. (No.: Leeds Sanitarium St. Ward)

2. FULL NAME: Richard Marshall

(a) Residence, No. 1404 Euclid St., 2 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: Male

4. COLOR OR RACE: Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 2-1882

7. AGE: Years 50? Months 8 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.: Labor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 237

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): Helena City Virginia

FATHER

13. NAME: Ned Marshall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know 31

MOTHER

15. MAIDEN NAME: Katherine ?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

17. INFORMANT (ADDRESS): Kansas City T.B. Hospital Leeds Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Blue Ridge Cem. DATE: Dec. 21/32

19. UNDERTAKER (ADDRESS): West Appleton Jones 1600 E. 19. st.

20. FILED: 12/27 1932 M. M. Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): December 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1932, to December 17, 1932. I last saw him alive on December 17, 1932. Death is said to have occurred on the date stated above, at 6:00 p.m.

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

	Date of onset
Pulmonary Tuberculosis	Thos.
23A 23	

Other contributory causes of importance:

(1)

(II) Name of operation: None Date of:
What test confirmed diagnosis? Sputum + Gross 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: None
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) O. O. Beasley Med. M.D.
(Address) 811 Professional Bldg. Kansas City 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

V. S. No. 2