

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

Do not use this space!

~~File No.~~
40761

1. PLACE OF DEATH

69 County Madison Registration District No. 582
Township Central Registration District No. 5779
City Paris (No. 1) St. Mo. Ward 1

2. FULL NAME

Elizabeth Marbuda Marched
(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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-19-1851

7. AGE YEARS 81 MONTHS 7 DAYS 26 If LESS than 1 day,hrs. ormin.

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

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) Marion Co Mo. (STATE OR COUNTRY) Mo.

13. NAME A. J. Addison

14. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY) 2

15. MAIDEN NAME Sarah Noel

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

17. INFORMANT Mrs. J. S. Nefferson (ADDRESS) Centralia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Centralia Mo DATE 12-17 1932

19. UNDERTAKER W. J. Nefferson (ADDRESS) Centralia Mo

20. FILED 12/15 1932 J. C. Payne Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-15 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1932, to Dec 15 1932. I last saw her alive on Dec 15 1932. Death is said to have occurred on the date stated above, at 11A m.

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

Influenza Date of onset: 12/10/32

Other contributory causes of importance: 11B 11C

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. M. Reardon M. D.
(Address) Paris, Mo.

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.

