

MAR 1933

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

Do not use this space.

4743

1. PLACE OF DEATH

County Buchanan Registration District No. 52
Township Hanna Primary Registration District No. 5723
City Easton (No. _____) St. _____ Ward _____

File No. 44
Registered No. _____

2. FULL NAME

Mrs. Laura Marshall
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Dr. Moses Marshall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 9 18 18

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) (STATE OR COUNTRY) Buchanan Co., Mo.

13. NAME Dr. Isham Stalder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington, Kentucky

15. MAIDEN NAME Eveline Donaldson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan Co., Mo.

17. INFORMANT Mr. Geo. Marshall
(ADDRESS) 20 Jamaica, Cal.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fremont Chapel DATE Feb 11, 1933

19. UNDERTAKER H. A. Sullivan
(ADDRESS) Lawrence

20. FILED 3/11 1933 W. P. Bigham
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1932, to Feb 7, 1933
I last saw her alive on Feb 2, 1933. Death is said to have occurred on the date stated above, at 9 P. m.

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

Chronic Bright's disease Date of onset _____
Chronic parenchymatous nephritis

Other contributory causes of importance: 131

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? _____ 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? No
If so, specify _____

(Signed) W. P. Bigham, M. D.
(Address) Easton, 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.

