

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

Do not use this space.

5108

**1. PLACE OF DEATH**

34 County Boyer Registration District No. 201  
Township Liberty Primary Registration District No. 5280  
City..... (No)..... St. .... Ward)

File No.....  
Registered No. 28

**2. FULL NAME**

Joseph M. Marson  
(a) Residence, No. Chandler No St. .... Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR)-WIFE OF <u>unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 25-1866</u>		
7. AGE	YEARS <u>66</u>	MONTHS <u>9</u>
	DAYS <u>78</u>	IF LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Inmate of</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>County Home</u>	
	10. Date deceased last worked at this occupation (month and year)	
		11. Total time (years) spent in this occupation <u>2</u>

**MEDICAL CERTIFICATE OF DEATH**

1. 1  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1933  
22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1933, to Feb 23, 1933  
I last saw him alive on Feb 23, 1933. Death is said to have occurred on the date stated above, at 6 A.M.  
The principal cause of death and related causes of importance were as follows:

Chronic Bright  
13 131

Date of onset

Other contributory causes of importance:  
Name of operation..... Date of.....  
What test confirmed diagnosis?..... 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? none  
If so, specify  
(Signed) W. C. Thurston M. D.  
(Address) Liberty Mo.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ft. Scott Kansas</u>
	13. NAME <u>Marson</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>
	15. MAIDEN NAME <u>unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>
	17. INFORMANT (ADDRESS) <u>Lewis Baldwin Chandler No</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>W. S. Saffery Mo</u> DATE <u>2/24 1933</u>
	19. UNDERTAKER (ADDRESS) <u>Chandler No</u>
	20. FILED <u>MAR 10 1933</u> Registrar <u>W. C. Thurston</u>

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.

