

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

Do not use this space.

8959

APR 24 - 1933

PLACE OF DEATH

County Casper
Township Leahtown
City Leahtown (No.)

Registration District No. 217
Primary Registration District No. 3308

File No.
Registered No.
St. Ward)

2. FULL NAME Susie Marshall

(a) Residence, No. St. Ward.
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James R. Marshall</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 4th 1859</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>8</u>	DAYS <u>5</u>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
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) <u>1932 Feb. 26</u>		
11. Total time (years) spent in this occupation <u>life</u>		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Piedalia Mo.

13. NAME
Clay Eastham

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

15. MAIDEN NAME
Harietta Wood

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

17. INFORMANT (ADDRESS)
James R. Marshall
Blackswater Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Arrow Rock DATE March 11th 1933

19. UNDERTAKER (ADDRESS)
Schultz & Warrick
Blackswater Mo.

20. FILED 3-11 19 33 W. J. Honey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9th 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-8 1933, to 3-9 1933

I last saw him alive on 3-9 1933 Death is said to have occurred on the date stated above, at 11:00 a.m.

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

Bronchial Pneumonia
11A
107A 11A
Date of onset Don't know

Other contributory causes of importance:
Influenza

Name of operation Date of
What test confirmed diagnosis? 4 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. J. Honey M. D.
(Address) Blackswater, 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

