

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Hare Primary Registration District No. 1007
 City R.C. Mo. (No. 7607 1/2 Grand) St. _____ Ward _____

File No. 26660
 Registered No. 3417

2. FULL NAME

Alice Krowdjit Marshall
 (a) Residence, No. 1607 1/2 Grand 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 <u>Fe</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>W. E. Marshall</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov-20-1873</u>		
7. AGE	YEARS	MONTHS
	<u>59</u>	<u>9</u>
		DAYS
		<u>8</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>at home</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)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Ill.</u>	
MOTHER	13. NAME <u>Abraham Myers</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
	15. MAIDEN NAME <u>Myria Larison</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
	17. INFORMANT <u>W. B. Myers</u> (ADDRESS) <u>Mt. Vernon Ill.</u>	
	18. BURIAL, CREMATION, OR REMOVAL <u>Wagon Springs City Ill.</u> DATE <u>8-28</u> 19 <u>33</u>	
19. UNDERTAKER <u>Mrs. C. F. Foster</u> (ADDRESS) <u>R.C. Mo.</u>		
20. FILED <u>8/38</u> 19 <u>33</u> <u>M. M. Corne</u> <u>Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-28-1933

22. I HEREBY CERTIFY, That I attended deceased from July 10 1933, to Aug 28 1933
 last saw him/her alive on Aug 28 1933 Death is said to have occurred on the date stated above, at 3 A.M.
 The principal cause of death and related causes of importance were as follows:
non-respiritis, hrv
menia
hypertension
 Date of onset 5-6 yrs
3 days ago
 18 yes

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? no
 If so, specify _____
 (Signed) Carl H. Lumberg M. D.
 (Address) 709 Bond St. R. E. Jones

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.

SEP 26 1933

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