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

Do not use this space.

27262

1. PLACE OF DEATH

80 County Pettis — Registration District No. 668 — File No.

4 Township — Primary Registration District No. 3032 — Registered No. 208

City Sedalia (No. 113 W. Henry St. Ward)

8 2. FULL NAME Mrs. Emily Marshall

(a) Residence, No. 113 W. Henry St., 1 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 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: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: wife

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12, 1868

7. AGE: YEARS 65 — MONTHS 8 — DAYS 16 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.
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) Lafayette Co.

FATHER
13. NAME Mr Jackson Rector.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Dont Know.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Mrs. H. R. Brown, 209 E. Johnson St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sedalia DATE Sept 1, 1933

19. UNDERTAKER (ADDRESS) Wm. Alexander, 400 W. Cooper St.

20. FILED Aug. 30, 1933 Jean Slack, Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-28th, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 11th, 1933, to 8-28-, 1933
I last saw her alive on 8-28-, 1933 Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Intastitial Nephritis

Other contributory causes of importance:

Acute Myocarditis
" Paralysis

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Lab. 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?
If so, specify
(Signed) A. R. Maddox, M. D.
(Address) 116½ W. Main

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 21 1933

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