

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

Do not use this space.

30162

1. PLACE OF DEATH

County Linn
Township Brookfield
City Brookfield

Registration District No. 496
Primary Registration District No. 3025
No. 538 East Prairie

File No. _____
Registered No. 68
St. 12 Ward)

2. FULL NAME

Richard Stewart Marsh

(a) Residence, No. 538 E. Cass St. 12 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 5 1/2 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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>Mary Marsh deceased</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>aug 29-1851</u>		
7. AGE	YEARS <u>82</u>	MONTHS <u>0</u>
	DAYS <u>12</u>	IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Building contractor

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) Apr 1933

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Macon County Mo.

MOTHER FATHER 13. NAME Wiley Marsh

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

MOTHER FATHER 15. MAIDEN NAME Eliza Summers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Macon County Mo.

17. INFORMANT J. E. Marsh
(ADDRESS) Brookfield

18. BURIAL, CREMATION, OR REMOVAL PLACE Brookfield Cem Brookfield DATE Sept 12 1933

19. UNDERTAKER (ADDRESS)
W. G. (Dr.) K. (Dr.)
Brookfield Mo.

20. FILED 9-11-1933 Lee Judson
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May, 1933, to Sept 9, 1933
I last saw him alive on Sept 8, 1933. Death is said to have occurred on the date stated above, at 12:15 A.M.

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

cancer of stomach (Date of onset)

463 / 100

Other contributory causes of importance:

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? no Date of injury 6, 1933

Where did injury occur? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury no
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) N. B. Simpson M.D.
(Address) Brookfield 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.

OCT 20 1933

