

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

Do not use this space.

FEB 8 1935

1. PLACE OF DEATH
 County Pemiscot Registration District No. 655
 Township Virginia Primary Registration District No. 5872
 City St. Louis (No.) St. Ward)

2. FULL NAME Patricann Marsh
 (a) Residence, No. St. Ward. (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.

File No. 304-87 0a
 Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>L</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6-1-32</u>		
7. AGE	YEARS	MONTHS
	<u>1</u>	<u>3</u>
		DAYS
		<u>26</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>L</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>L</u>	
	10. Date deceased last worked at this occupation (month and year) <u>L</u>	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>		
FATHER	13. NAME <u>Eld Marsh</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clay City Ill</u>	
MOTHER	15. MAIDEN NAME <u>Annie Edwards</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Gillette Tenn</u>	
17. INFORMANT (ADDRESS) <u>Eld Marsh</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<u>St. Louis</u>	DATE <u>9-28 1935</u>
19. UNDERTAKER (ADDRESS) <u>German Undert Co.</u>		
20. FILED <u>10/1 1935</u> <u>Max P. Kelly</u> Registrar.		

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-27 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/18/34 19... to 9/27/33 19...
 I last saw him alive on 9/27/34 19... 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:
Burned
181
130
181
 Date of onset 9/18/33

Other contributory causes of importance:
infractor

Name of operation no more information available Date of...
 What test confirmed diagnosis? x Was there an autopsy? x

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 9/27/34 19...
 Where did injury occur? at home
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
Home

Manner of injury Burned
 Nature of injury Burned

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify None
 (Signed) W. M. Deane, M. D.
 (Address) St. Louis 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.

