

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.

NOV 10 1933

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

Do not use this space.

32301

1. PLACE OF DEATH
 County Rushannon Registration District No. 85
 Township St Joseph Primary Registration District No. 1007
 City St Joseph (No. 307, West W. Kansas Ave. St. Ward)
 2. FULL NAME Frank James Marshall
 (a) Residence, No. 307 W. Kansas Ave. 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. _____
 Registered No. 1061

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 7 1933
 7. AGE YEARS 7 MONTHS 7 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MOTHER FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Joseph Mo.

13. NAME Olis Marshall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clifton Hill Mo.

15. MAIDEN NAME Russie Robinson

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

17. INFORMANT (ADDRESS) Olis Marshall

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Marai DATE Oct 31 1933

19. UNDERTAKER (ADDRESS) Ramsey's Mortuary 924 Labadie

20. FILED 10-31-1933 John K. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 29 1933
 22. I HEREBY CERTIFY, That I attended deceased from 10/17 1933, to 10/29 1933
 I last saw 10/18 alive on _____, 1933 Death is said to have occurred on the date stated above, at 11:30 m.

The principal cause of death and related causes of importance were as follows:
108
109 labor pneumonia
was not preceded by 2 days
measles nor Scarlet Fever
 Other contributory causes of importance:
Symphangitis 12 days

Name of operation clinical 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) Fenton Johnson M. D.
 (Address) 2164 W. 10th Ave

