

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.

signed by J. W. McPherson

JAN 26 1934

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

Do not use this space.

39327

1. PLACE OF DEATH

12 County Benton
Township Poplar Bluff
City (No.)

Registration District No. 89
Primary Registration District No. 5131

File No.
Registered No. 63
St. Ward)

2. FULL NAME

George Marshall

(a) Residence, No. 1111 St. Ward.
(Usual place of abode)

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 male 4. COLOR OR RACE white 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) 1 8 18 8 Est

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 Est

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

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) Illinois

13. NAME not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT Eug. Fontaine (ADDRESS) Poplar Bluff

18. BURIAL, CREMATION, OR REMOVAL PLACE County Farm DATE 12-31-33

19. UNDERTAKER F. J. ... (ADDRESS) Poplar Bluff

20. FILED 1-10-1934 W. S. Bailey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-29-1933

22. I HEREBY CERTIFY, That I attended deceased from 12-29-1933, to 12-29-1933

I last saw him alive on 12-29-1933 Death is said to have occurred on the date stated above, at 8:55 P.M.

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

Pulmonary Tuberculosis Date of onset Several
237 years

Other contributory causes of importance 23

Name of operation Date of
What test confirmed diagnosis? Med. Hist. 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: W. S. Bailey M. D.
(Address) Poplar Bluff

