EB 27 1934

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

Do not use this space.

195

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 8

City St. Joseph, (No. 319 North 20th St. Ward)

2. FULL NAME William St. John Elliot Marshall

(a) Residence, No. 319 North 20th St., Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 48 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 28, 1860

7. AGE: YEARS 73 — MONTHS 8 — DAYS 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fire

10. Date deceased last worked at this occupation (month and year) December 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York, New York

FATHER

13. NAME William St. John Elliot Marshall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Natchez, Mississippi,

MOTHER

15. MAIDEN NAME Elizabeth Morris,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, New York,

17. INFORMANT (ADDRESS) Elliot Marshall III 319 North 20th Street,

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Mora Cem DATE Jan'y 3, 1934

19. UNDERTAKER (ADDRESS) Heaton-Bergale & Bowman 319 S. 10th St. Funeral Home

20. FILED 1-4-, 1934 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jany 1st, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1932 to 1-1, 1934

I last saw him alive on 12-5, 1933 Death is said to have occurred on the date stated above, at 7:00 am.

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

Heart disease Arteriosclerotic Coronary Sclerosis

Date of onset

Other contributory causes of importance: Arteriosclerosis General Diabetes mellitus

Name of operation — Date of

What test confirmed diagnosis? Findings 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, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) H W Carly, M. D.

(Address) 301 Pr S Bldg

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.

WITH UNFADING INK—THIS IS A PERMANENT RECORD