

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township East
City Kansas City (No. 2030) Montgall

Registration District No. 399
Primary Registration District No. 1027

File No. 16866
Registered No. 10275
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2030 Montgall Ward _____
(Usual place of abode)

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Se. 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15, 1881

7. AGE YEARS 52 MONTHS 9 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Gallatin Mo.

13. NAME Charles Marshall

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

15. MAIDEN NAME Florence Vandridge

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

17. INFORMANT Irene Robinson (ADDRESS) 2030 Montgall

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE 5/21, 1934

19. UNDERTAKER (ADDRESS) Nathaniel Biss

20. FILED May 20, 1934 Edmond Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr. 6, 1931, to May 15, 1934

I last saw her alive on May 15, 1934. Death is said to have occurred on the date stated above, at 5:50 a.m.

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

Chronic Rheumatism
Heart disease
95C
95
Other contributory causes of importance: decompensation

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical as there an autopsy?

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 _____

(Signed) J. O. [Signature], M. D.
(Address) 1820 7th

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.

JUN 19 1934

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

P. C. Turner.