

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.

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

Do not use this space.

1. PLACE OF DEATH

County Cass
Township Grand River
City Harrisonville Mo (No. _____)

Registration District No. 156
Primary Registration District No. 4090

File No. 19781
Registered No. 38
St. _____ Ward _____

2. FULL NAME Nana Cedora Marshall

(a) Residence, No. _____ St. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF R. N. Marshall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 13 - 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 3 18

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

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) Harrisonville Mo

FATHER 13. NAME Hugh Weddow

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

MOTHER 15. MAIDEN NAME Sarah Chaffin

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

17. INFORMANT Mable Coffman (ADDRESS) Harrisonville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Cemetery DATE June 5 1934

19. UNDERTAKER Atkinson Bros & Co (ADDRESS) Harrisonville Mo

20. FILED June 5 1934 J. J. Long Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from May 20 1934 to June 1 1934

I last saw her alive on June 1 1934 Death is said to have occurred on the date stated above, at 4 P. M.

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

Carcinoma of Stomach Date of onset 4/10/34

Other contributory causes of importance: 40

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was 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. H. Scott M. D.

(Address) Harrisonville Mo

100-100000-100000

100-100000-100000

100-100000-100000