

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

Do not use this space.

1. PLACE OF DEATH

County Mercer

Registration District No. 556

Township Princeton

Primary Registration District No. 4328

City Princeton (No.)

File No. 21184

Registered No. 20

St. Ward

2. FULL NAME

(a) Residence. No. Lattie Bronson 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

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Wiley Bronson

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

May 12 1881

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

53

1

17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Mercer Co

(STATE OR COUNTRY)

Mo

10. NAME OF FATHER

Hiram T. Marshall

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ohio

12. MAIDEN NAME OF MOTHER

Francis Steel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ohio

14. INFORMANT

(Address)

Mrs. Chas E. Tullio
Princeton, MO

15. FILED

6-30-34

JM Perry

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

June 29 1934

17. I HEREBY CERTIFY, That I attended deceased from April 2, 1934, to June 29, 1934, that I last saw him alive on June 28, 1934, and that death occurred, on the date stated above, at 3 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma sigmoid + descending colon.

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Exhaustion

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS

Proctoscopic +
pyrrectal findings
(Signed) W. H. H. H., M. D.
6/29 1934 (Address) Princeton, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Princeton County 6-30 1934

20. UNDERTAKER

ADDRESS

Martins T. unusual Home Princeton

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.

JUL 3 1934

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