

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

Do not use this space.

1. PLACE OF DEATH

County JACKSON Registration District No. 300
 Township KAW Primary Registration District No. 1005
 City KANSAS CITY (No. RESEARCH HOSPITAL) St. _____ Ward _____

File No. 24456
 Registered No. 3002

2. FULL NAME

JAMES H MARSHALL

(a) Residence, No. 4532 WASHINGTON 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 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 MRS. GERTRUDE MARSHALL

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 15 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>72</u>	<u>11</u>	<u>24</u>	

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

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

10. Date deceased last worked at this occupation (month and year) 1931 11. Total time (years) spent in this occupation 48

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LOUISVILLE KENTUCKY

13. NAME JAMES H. MARSHALL

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LOUISVILLE KENTUCKY

15. MAIDEN NAME JULIA FRANKLIN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LOUISVILLE KENTUCKY

17. INFORMANT MR. J. RUSSELL MARSHALL (ADDRESS) 4532 WASHINGTON

18. BURIAL, CREMATION, OR REMOVAL PLACE GREENLAWN DATE JULY 11 1934

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) 2111 EAST 9TH ST.

20. FILED July 10 1934 M. D. Crowl Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Drury 26 1932, to July 9, 1934

I last saw him alive on July 9, 1934. Death is said to have occurred on the date stated above, at 3:30 P.

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

Diabetes
59
98
156
59
 Other contributory causes of importance:
Emphysema Pt. Foot
Caps on leg

Date of onset 3 years

Name of operation amputation leg Date of July 6
 What test confirmed diagnosis? Chemical test Was there an autopsy? yes

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 no

(Signed) Lindsay S. Justice, M. D.
 (Address) 132 Research Bldg

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.

JUL 16 1934

Mr. & Mrs. S. S. S. S.

1132 Professional Bldg.

1:30-4