

DEC 18 1934

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

Do not use this space.

38796

## 1. PLACE OF DEATH

County Cedar  
Township Benton  
City (No. ....) (No. ....) City (No. ....) Ward

Registration District No. 164  
Primary Registration District No. 6229

File No. 161  
Registered No. ....

## 2. FULL NAME

Fern Louise 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 6 - 1934</u>		
7. AGE	YEARS	MONTHS
		<u>1</u>
		<u>5</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .... <u>none</u>		
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) <u>Mo</u>		
13. NAME <u>Alfred Bishop Marshall</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
15. MAIDEN NAME <u>Mary Ferguson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT (ADDRESS) <u>Alfred Bishop Marshall</u> <u>Jessie Griggs</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hall</u> DATE <u>11/11 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Long and Co</u> <u>Jessie Griggs</u>		
20. FILED <u>Nov-13 1934</u> <u>Mrs. May Heiber</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-11 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h. .... alive on ....., 19.... Death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:  
Dead from natural cause  
found dead in bed  
Probably suffocation  
187

Other contributory causes of importance: 187 34

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) Melvin Church  
(Address) Stockton Mo

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.

