

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

Do not use this space.

MAR 20 1935

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1. PLACE OF DEATH

County Jackson Registration District No. 399
 Townsh. Kanawha Primary Registration District No. 1002
 City Kansas City (No. General Hospital)
 File No. _____
 Registered No. 935
 St. _____ Ward _____

2. FULL NAME

Ray Parley Marshall
 (a) Residence, No. 1619 Summit 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11 - 1893
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
41 9 8
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam fitter
 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) Dade Co. Missouri

13. NAME John Marshall

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

15. MAIDEN NAME Alta Kimberland

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 229

17. INFORMANT Mrs. Geo. Bushner
 (ADDRESS) 603 W. 33rd

18. BURIAL, CREMATION, OR REMOVAL PLACE Joplin Mo. DATE 2/23 1935

19. UNDERTAKER Wm. C. K. Foster
 (ADDRESS) 918 Broadway

20. FILED 2/20 1935 M. M. LeRowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/19/35 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____
 I last saw him _____ live on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance are as follows:
Fracture of the skull
Extradural hemorrhage
 Date of onset _____

Other contributory causes of importance: _____

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

23. If death was due to external causes (poison), fill in also the following:
 Accident, suicide, or homicide _____ Date of injury _____
 Where did injury occur? 1619 Summit St. Kansas City, Mo.
 Specify whether injury occurred in a factory, home, or in public place. _____

Manner of injury Blow on the head
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) _____, M. D.
 (Address) _____

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.

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