

Dr. Miller

APR 2 1935

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

Do not use this space.

9825

1. PLACE OF DEATH

County Marion  
Township Mass  
City Hannibal (No. 1417)

Registration District No. 547  
Primary Registration District No. 3079 M  
36

File No. \_\_\_\_\_  
Registered No. 75  
St. 6 Ward)

2. FULL NAME

Ethel Marshall

(a) Residence, No. 1417-36<sup>M</sup> St., 5 Ward.

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Ernest Sylvester Marshall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29-1887

7. AGE YEARS 46 MONTHS 11 DAYS 8 If LESS than 1 day, hrs. or min.

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

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) Road House Ill.

13. NAME Joseph Ledbetter

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

15. MAIDEN NAME Janiett Garrison

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

17. INFORMANT Ernest S. Marshall (ADDRESS) Hannibal Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivet Cem. DATE Mar. 9-35

19. UNDERTAKER (ADDRESS) Wm. J. Schuyler Hannibal Mo.

20. FILED Mar 11, 1935 R. H. Zahler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7-1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 2, 1935, to Mar. 7, 1935  
I last saw h. or alive on Mar 6, 1935 Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Acute Lobar pneumonia Date of onset 5/9/35

Other contributory causes of importance:  
Chronic nephritis  
Endo carditis  
Obstruction of bowels due to tumor of duodenum

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 \_\_\_\_\_

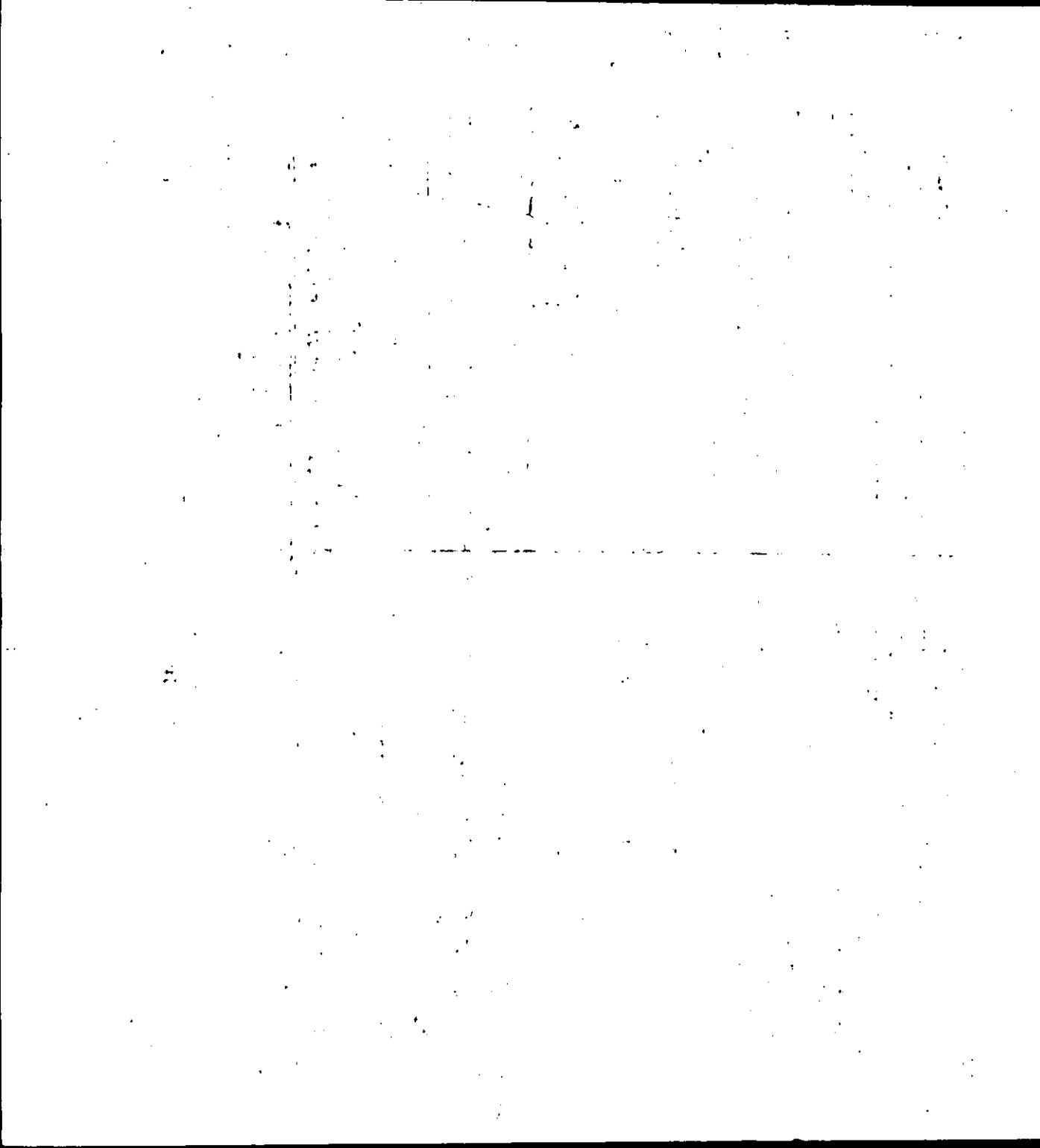
24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_ (Signed) Glenn R. Miller, M. D.

(Address) Hannibal, Mo.

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.

RECORD WITH OTHER INFORMATION THIS IS A PERMANENT RECORD





MAY 23 1935

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