

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

W. H. Hest
Do not use this space.

10136

1. PLACE OF DEATH **APP 24 1935**

County **BETTIS**
Township **CEDAR**
City **SEDALIA**

Registration District No. **668**
Primary Registration District No. **5894**
(No. **RFD # 4**)

File No. **93**
Registered No. **668**
St. _____ Ward _____

2. FULL NAME **JAMES BLAIR MARSH**

(a) Residence, No. **RFD #4** 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 **M** 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 **MINNIE L MARSH**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **JULY 7 1868**

7. AGE YEARS **66** MONTHS **8** DAYS **4** If LESS than 1 day, _____ hrs. or _____ min.

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

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) **ILL.**

13. NAME **JOSEPH MARSH**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **ILL.**

15. MAIDEN NAME **KATHERINE SHERER**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **ILL.**

17. INFORMANT **MRS. JAS. B. MARSH** (ADDRESS) **SEDALIA MO**

18. BURIAL, CREMATION, OR REMOVAL PLACE **CROWN HILL** DATE **MAR. 13 1935**

19. UNDERTAKER **GILLESPIE FUNERAL HOME** (ADDRESS) **SEDALIA MO.**

20. FILED **3-12-1935** *James Slack* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **MAR. 11/35**, 19

22. I HEREBY CERTIFY, That I attended deceased from **Mar 11**, 1935, to **Mar 11**, 1935.
I last saw him alive on **Mar 9**, 1935. Death is said to have occurred on the date stated above, at **11:00** a.m.

The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis
gla
Other contributory causes of importance: **arteriosclerosis**

Name of operation **none** Date of **Mar 13**
What test confirmed diagnosis **clinical** Was there an autopsy? **no**

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) **Chas. W. Hest**, M. D.
(Address) **Sedalia 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.

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