

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.

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

Do not use this space.

JUN 24 1935

16565

1. PLACE OF DEATH

County Jackson
Township Osage
City McCanna

Registration District No. 3-11
Primary Registration District No. 11-1
(No. 156 Cherokee)

File No. 203
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1416 Cherokee 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie Marshall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS MONTHS DAYS If LESS than day, hrs. or min. 60

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

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) Green Castle Mo.

13. NAME L. W. Marshall

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

15. MAIDEN NAME Theresa Bryant

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green Castle Mo.

17. INFORMANT Minnie Marshall

18. BURIAL, CREMATION, OR REMOVAL PLACE Osage Mo DATE 5-19 1935

19. UNDERTAKER (ADDRESS) Highman's Sons 2738 Prospect

20. FILED 5-18 1935 am Cherokee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/16/35

22. I HEREBY CERTIFY that I attended deceased from _____ 19_____, _____ 19_____.
I last saw him alive 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 were as follows:

Chronic hypertension, myocardial infarction, arteriosclerosis

Other contributory causes of importance: no 938

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy 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 _____

(Signed) _____, M. D.
(Address) _____

