

SEP 2 1 1935

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

Do not use this space.

26872

1. PLACE OF DEATH

County Laura
Township Marionville
City Marionville (No. St. Ward)

Registration District No. 468
Primary Registration District No. 4281

File No.
Registered No. 22

2. FULL NAME

William Robert Marshall
(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sallie Lough Marshall</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 20 1862</u>		
7. AGE <u>73</u>	YEARS <u>4</u>	MONTHS <u>20</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Washington Co. Arkansas</u>		
13. NAME <u>Joseph E Marshall</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>		
15. MAIDEN NAME <u>Eddie Marshall</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Do not know</u>		
17. INFORMANT (ADDRESS) <u>Herbert Marshall Marionville Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Marionville</u> DATE <u>Aug 11</u> , 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>Bradford Funeral Home Marionville Mo.</u>		
20. FILED <u>Sept 10, 1935</u> <u>Laura O. Cassidy</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1935, to Aug 10, 1935
I last saw him alive on Aug 9, 1935. Death is said to have occurred on the date stated above, at 8:00 a.m.
The principal cause of death and related causes of importance were as follows:
leucemia of bone marrow
4/5
Other contributory causes of importance:
None

Name of operation Date of
What test confirmed diagnosis? symptoms 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) H. W. Seltzer, M. D.
(Address) Marionville Mo.

Date of onset
1934

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.

