

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

Do not use this space.

33282

NOV 25 1935

1. PLACE OF DEATH

County Linn
 Township Livingston
 City Chillicothe, Mo. (No. _____)

Registration District No. 508
 Primary Registration District No. 3026

File No. _____
 Registered No. 146
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 14, 1935</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, _____ hrs. or _____ min.
		<u>12</u>

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
	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) Chillicothe
 (STATE OR COUNTRY) Mo.

13. NAME Willard Lloyd Marsh

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

15. MAIDEN NAME Viva Maude Tuttle

16. BIRTHPLACE (CITY OR TOWN) Grand Island, Neb.
 (STATE OR COUNTRY)

17. INFORMANT V. L. Marsh
 (ADDRESS) Chillicothe, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mo. of Cem. DATE Oct. 26, 1935

19. UNDERTAKER F. B. Norman
 (ADDRESS) Chillicothe, Mo.

20. FILED Oct 31, 1935 Donald H. Powell
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1935 to Oct 25, 1935
 I last saw him alive on Oct 25, 1935. Death is said to have occurred on the date stated above, at 2:30 P.M.

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

Peteria Neurotoxin
Malignant

Date of onset _____

Other contributory causes of importance: _____

Name of operation None Date of _____
 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) F. B. Norman, M. D.
 (Address) Chillicothe, Missouri

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.

