

DEC 6 1935

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Hawthorn Primary Registration District No. 1002
City Kansas City - No. 1429 Van Brunt Blvd St. _____ Ward _____

36197

File No. _____
Registered No. 4022

2. FULL NAME

(a) Residence, No. 1429 Van Brunt 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 wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8 - 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
42 7 11

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

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) NOVEMBER 1935 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Diamond Mo.

13. NAME Stephen H Marshall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ft Scott Mo.

15. MAIDEN NAME LILLIE Foster

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

17. INFORMANT Mrs Liliah Marshall (ADDRESS) 1429 Van Brunt

18. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI

19. UNDERTAKER D. W. Newcomer's Sons (ADDRESS) KANSAS CITY, MISSOURI

20. FILED Nov. 21 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOVEMBER 19 193522. I HEREBY CERTIFY, That I attended deceased from Nov. 17th 1935 to Nov. 19th 1935I last saw him alive on Nov. 19th 1935. Death is saidto 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:

Dehydration due to preparation - post mortem - 3 days

Date of onset _____

Other contributory causes of importance _____

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) E. M. G. East, M. D.(Address) 2544 Glen

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

