

144 23 1936

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

Do not use this space.

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## 1. PLACE OF DEATH

County Jackson Registration District No. 3  
Township Kaw Primary Registration District No. 1  
City Kansas City (No. Research Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME Charles Eugene Marsh

(a) Residence, No. 3822 Mercier 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 Lucy L. Marsh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 20, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
75 1 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt. Telephone and Telegraph Terminal  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rilway Company  
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) Massachusetts13. NAME Cyrus Marsh14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record15. MAIDEN NAME No record16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record17. INFORMANT Mrs. Charles E. Marsh  
(ADDRESS) 3822 Mercier18. BURIAL, CREMATION, OR REMOVAL  
PLACE Elmwood Cemete y DATE Dec. 21 193519. UNDERTAKER Stine & McClure  
(ADDRESS) 3235 Gillham Plaza20. FILED 12-21 1935 M. M. Crow, Cent  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 20 193522. I HEREBY CERTIFY, That I attended deceased from 12-15 1935 to 12-20 1935I last saw h. alive on 12-19 1935 Death is saidto have occurred on the date stated above, at 9 A.m.

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

Coronary occlusion Date of onset

Other contributory causes of importance:

Cardio-vascular & arterial sclerosis.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes23. 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) Walter H. Brooks, M. D.(Address) 1132 Prof. Bldg.

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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Dr. W. H. ...

Profession ...

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