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.

JAN 16 1936

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

Do not use this space.

40037

File No.
Registered No. 428

1. PLACE OF DEATH
County Dunklin
Township Montserrat
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 429
Primary Registration District No. 2373

2. FULL NAME Ada Marshall
(a) Residence, No. Montserrat Mo 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: Black
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widower

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

7. AGE: About 81 Years — Months — Days — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cooper Co Mo

FATHER
13. NAME: Ed Marshall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER
15. MAIDEN NAME: Mamie Dismey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Mrs Wm Hopson Montserrat Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lutz Cemetery DATE Dec 30 1935

19. UNDERTAKER (ADDRESS): By Friends

20. FILED Dec 29 1935 J A Koch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 29 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw him alive on Dec 29 1935. Death is said to have occurred on the date stated above, at 7 a.m. p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pressure the body	
Other death and from	
Circumstances and history	
previously heart trouble	
He died from cerebral	
Other contributory causes of importance: hemorrhage	
Contributor Arteriosclerosis	

Name of operation none Date of
What test confirmed diagnosis? Usual 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) W M Robinson M. D.
(Address) Corner Dunklin Mo