

DEC 17 1936

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

Do not use this space.

40328

1. PLACE OF DEATH.

County Mississippi Registration District No. 566  
Township Franklin Primary Registration District No. 3030  
City Charleston (No.     ) St.      Ward     

2. FULL NAME

William James Marshall  
(a) Residence, No. 604 S. Center St.,      Ward.       
(Usual place of abode)  
Length of residence in city or town where death occurred 6 yrs.      mos.      ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Estie Marshall</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 21, 1875</u>		
7. AGE	YEARS <u>60</u>	MONTHS <u>0</u>
	DAYS <u>15</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>	
	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) <u>Charleston Mo.</u>		
FATHER	13. NAME <u>William James Marshall</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Elizabethtown Ky.</u>	
MOTHER	15. MAIDEN NAME <u>Alice Hull</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Charleston Mo.</u>	
17. INFORMANT (ADDRESS) <u>Mrs. J. M. Callahan</u> <u>Charleston, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>S. O. J. Cemetery</u> DATE <u>December 13, 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Frank Lutz Funeral Service</u> <u>Charleston, Mo.</u>		
20. FILED <u>Dec 13, 1935</u> <u>J. S. Vernon</u> Registrar		

MEDICAL CERTIFICATE OF DEATH 9:15 P.M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 12 A. 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/12, 1935, to 12/12, 1935.  
I last saw him, alive on 12/12, 1935. Death is said to have occurred on the date stated above, at 9:15 p. m.  
The principal cause of death and related causes of importance were as follows:  
Arteriosclerotic Heart Disease 14yr  
Cor. Myocarditis of acute  
(Symptomatic as suggested (P.)  
minutes before death)  
Other contributory causes of importance:  
Was in Caliche  
when seen & never had  
observed patient before)

Name of operation      Date of       
What test confirmed diagnosis?      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. S. Love, M. D.  
(Address) Charleston, Mo.

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.

