

MAR 19, 1936

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

Do not use this space.

5615

1. PLACE OF DEATH

County Licking
Township Wheatland
City Wheatland Mo (No. _____)

Registration District No. 315
Primary Registration District No. 311

File No. 2
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Jewell Hester Marsh

(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 fm 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 Clayton Marsh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17, 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
31 7 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Missouri

MOTHER 13. NAME O. O. Detro

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Dollie Moore

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

17. INFORMANT (ADDRESS) Clayton Marsh Wheatland Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremauges DATE 7 16 36

19. UNDERTAKER (ADDRESS) J. R. Lanckey Wheatland Mo

20. FILED 2/15 1936 Mrs. A. S. Johnston Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb - 11 -, 1936, to Feb - 13, 1936

I last saw her alive on Feb - 13 -, 1936 Death is said to have occurred on the date stated above, at 3:10 p. m.

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

Neurplogia. Cerebral Hemorrhage. Date of onset

Other contributory causes of importance: Hypertension & Arterial Sclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? Phys. Ex. 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) A. S. Johnston M. D.
(Address) Wheatland 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.

