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.

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

FEB 21 1936

Do not use this space.

8891

1. PLACE OF DEATH
County: Howard
Township: Richland
City: (No. ..... St. ..... Ward)
Registration District No. 839.
Primary Registration District No. 6101.
File No.
Registered No. 4

2. FULL NAME: Charley Frederick Marsh

(a) Residence, No. ..... St., ..... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: W
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): 1-7-1844

7. AGE: YEARS 92 | MONTHS – | DAYS 23 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired
10. Date deceased last worked at this occupation (month and year): Retired 1 year
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marshtown Tennessee.

FATHER
13. NAME: Do. Not Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Do not Know

MOTHER
15. MAIDEN NAME: Do. Not Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Do Not Know.

17. INFORMANT (ADDRESS): Chas. De Jarnett. Essex Mo R2.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Pleasant Valley DATE: Feb 3 1936

19. UNDERTAKER (ADDRESS): Mr Chas Blomfield Mo

20. FILED 2/3 36, 19 J P Brewer Registrar.
By D Hatley

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Did not, 19..., to Dec, 19...
I last saw h... alive on Deceased, 19... Death is said to have occurred on the date stated above, at 1 A. P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Deceased had been Invalid for 7 years. Was not under Care of a Physician. | |
| | |
| | |

Other contributory causes of importance: Cause Unknown / Other Have Lineal Longevity

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

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) D H Hart, M. D.
(Address) Essex Mo