

JUN 18 1936

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

Do not use this space.

21544

1. PLACE OF DEATH

City St. Louis, Mo. (No. 2738, Thomas, St., Thomas, St., No. 791, 1003)  
 Registration District No. 791  
 Township \_\_\_\_\_ Primary Registration District No. 1003  
 City St. Louis, Mo. (No. 2738, Thomas, St., Thomas, St., No. 791, 1003)  
 Registered No. 5826  
 St. 4th, Ward \_\_\_\_\_

2. FULL NAME Lula Marshall.

(a) Residence, No. 2738 Thomas, Street, St. 4 th, Ward 2/  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
 4. COLOR OR RACE Colored  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Marshall,  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 30 th, 1900.  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
35 5 XXX

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife,  
 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) Lakeville,  
 (STATE OR COUNTRY) Ark,

FATHER  
 13. NAME Robert Wills,  
 14. BIRTHPLACE (CITY OR TOWN) Louisiana.  
 (STATE OR COUNTRY)

MOTHER  
 15. MAIDEN NAME Mary Brown,  
 16. BIRTHPLACE (CITY OR TOWN) Lakeville,  
 (STATE OR COUNTRY) Ark.

17. INFORMANT Mrs. Mary Collier,  
 (ADDRESS) 2820 Sheridan Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Anthony's Cemetery, St. Louis, Mo. 5/5

19. UNDERTAKER H. V. Kerney,  
 (ADDRESS) 3621 Cozens, St. St. Louis, Mo.

20. FILED JUN 4 1936  
J. J. Prebeck  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

1936.  
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 th, 1936.  
 22. I HEREBY CERTIFY, That I attended deceased from May/30/ 1936 to May/30/36 1936  
 I last saw her alive on May/30/36 1936 Death is said to have occurred on the date stated above, at 2:P.M.  
 The principal cause of death and related causes of importance were as follows:

Uterine Carcinoma 6Mo  
 Other contributory causes of importance H.S.  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis Clinical 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) J. J. Prebeck M. D.  
 (Address) 1336 Franklin, St. Louis, 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.

WHILE IN PROCESS, WITH OUPDING INK—THIS IS A PERMANENT RECORD

