

SEP 28 1936

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

Do not use this space.

31924

1. PLACE OF DEATH *Edwards*County *Wheeler*Registration District No. *668*File No. *239*

Township

Primary Registration District No. *3032*Registered No. *668*

City

(No. *Bethuel Hospital*)

St.

Ward)

2. FULL NAME *Francis Margaret Marshall*(a) Residence, No. *Jameson Mo* St. \_\_\_\_\_ Ward. \_\_\_\_\_

(Usual place of residence)

(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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Marion Wesley Marshall</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>March - 1897</i>				
7. AGE	YEARS <i>39</i>	MONTHS <i>4</i>	DAYS <i>30</i>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>			
	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		

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Jameson Missouri</i>
	13. NAME <i>Edward Thomas Muri</i>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Clarkburg</i>
	15. MAIDEN NAME <i>Emma Gustafson</i>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Jameson</i>

17. INFORMANT (ADDRESS) <i>Marion W. Marshall Jameson Mo</i>
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Jameson</i> DATE <i>Aug 3 1936</i>
19. UNDERTAKER (ADDRESS) <i>Charles Fullbrinker</i>
20. FILED <i>Aug 2 1936</i> <i>John Slack</i> Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 2 36*, 1922. I HEREBY CERTIFY, That I attended deceased from *June 15 1936*, to *Aug 2 1936*I last saw her alive on *Aug 2 1936* Death is saidto have occurred on the date stated above, at *1:30 P.M.*

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

Date of onset

*Goitre - heart.*  
*66 E*

Other contributory causes of importance:

Name of operation *Thyroidectomy* Date of *Aug 1 - 36*  
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 \_\_\_\_\_

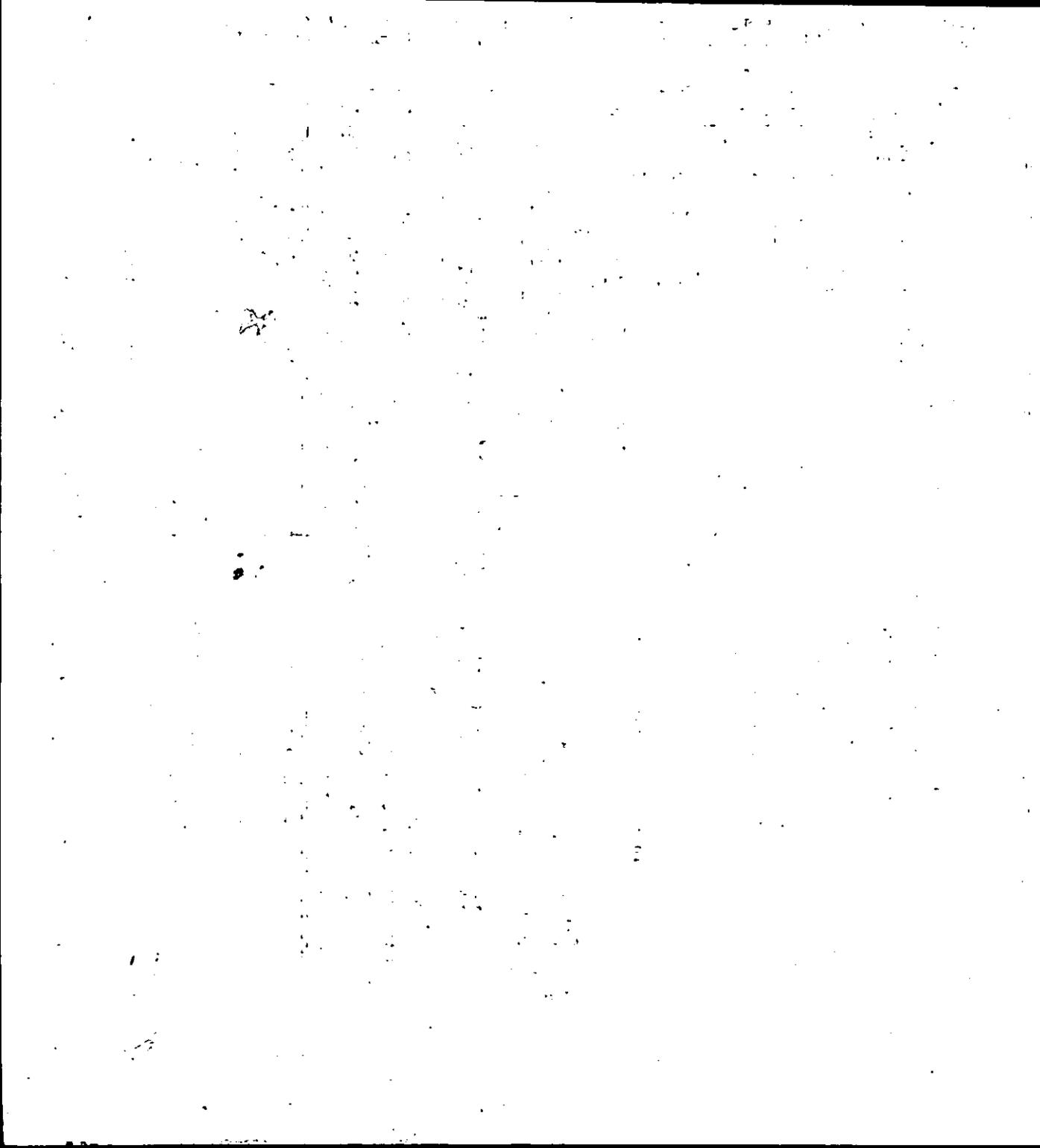
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) *Dr. Sawyer* M. D.(Address) *4th Ohio Sedalia 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.



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CERTIFICATE OF DEATH**

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**1. PLACE OF DEATH**

County Pettis Registration District No. 668 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 3032 Registered No. 232  
 City Sedalia (No. \_\_\_\_\_, St. \_\_\_\_\_ Ward \_\_\_\_\_)

**2. FULL NAME**

Francis Margaret Marshall  
 (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
39 4 30

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.  
 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19.

19. UNDERTAKER (ADDRESS)

20. FILED 8-2-36 Jean Slack Registrar

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Coronary Heart Disease Date of onset \_\_\_\_\_  
No further information regarding cause

Other contributory causes of importance:

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) Dr. H. P. Dyer, M. D.

(Address) 43 Ohio  
Sedalia Mo

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.

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