

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

Do not use this space.

33866

SEP 31 1936

1. PLACE OF DEATH
County Carroll Registration District No. 135
Township Carrollton Primary Registration District No. 3010
City Carrollton (No. Storvick Hospital) St. _____ Ward) _____
2. FULL NAME Willie B. Marshall
(a) Residence, No. 209 N. Folger St. 4th 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.

File No. _____
Registered No. 93
St. _____ Ward) _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word) Widowed
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF J. T. Marshall
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-1-1862
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 74 4 2
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Carrollton Mo
13. NAME Willie Augustus
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co Mo
15. MAIDEN NAME Marshall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrollton Mo
17. INFORMANT (ADDRESS) Mrs Elizabeth David Carrollton Mo
18. BURIAL, CREMATION, OR REMOVED PLACE Dakota DATE 9-5 1936
19. UNDERTAKER (ADDRESS) Willie's Funeral Home Carrollton Mo
20. FILED 9-4 1936 Juth Heskine Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-3-1936
22. I HEREBY CERTIFY That I attended deceased from 4-1 1935 to 9-3 1936
I last saw her alive on 9-3 1936 Death is said to have occurred on the date stated above, at 6:45 m.
The principal cause of death and related causes of importance were as follows:
General Arteriosclerosis Date of onset 1935
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 H. B. Deorem, M. D.
(Signed) _____ (Address) Carrollton 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.

