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.

DEC 28 1936

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

Do not use this space.

38206

1. PLACE OF DEATH

County Lawrence — Registration District No. 469 — File No.

Township Lincoln — Primary Registration District No. 5630 — Registered No. 42

City Miller, Mo (No. ..... St. ..... Ward)

2. FULL NAME Roy Thurman Marsh

(a) Residence, No. Miller Mo St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Seven 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 13 - 1910

7. AGE: YEARS 25 — MONTHS 9 — DAYS 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farming
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): Lawrence County Mo

FATHER

13. NAME: B. W. Marsh
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dade County, Mo

MOTHER

15. MAIDEN NAME: Julia Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dade County, Mo

17. INFORMANT (ADDRESS): B. W. Marsh, South Greenfield, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Shiloh, Mo DATE 10-12 1936

19. UNDERTAKER (ADDRESS): Frigua-Cox-Harrison, Greenfield, Mo

20. FILED 11-1 1936 W. S. Bugney Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1936, to Oct 11, 1936

I last saw him alive on Oct 11, 1936 Death is said to have occurred on the date stated above, at 12:10 m.

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

	Date of onset
Gangrenous Apendacitis	10-5-36
Other contributory causes of importance:	
Peritonitis	10-9-36

Name of operation Apendectomy Date of 10-6-36

What test confirmed diagnosis? Operation 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) L. I. Holmes, M. D.

(Address) Miller Mo