

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

Do not use this space.

**DEC 5 1936**

**38368**

**1. PLACE OF DEATH**

County Marion Registration District No. 548  
 Township Liberty Primary Registration District No. 5740  
 City Palmyra No. Marion County Infirmary St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 40

**2. FULL NAME**

(a) Residence, No. Marion County Infirmary Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. 7 mos. 10 ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

|  |                                  |  |
|--|----------------------------------|--|
| 3. SEX<br><u>Male</u>  | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)<br><u>Widowed</u> |
| 5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Martha Jane Moss Marshall</u>                      |                                  |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>Jan. 9-1851</u>  |                                  |  |
| 7. AGE YEARS<br><u>85</u>  | MONTHS<br><u>8</u>               | DAYS<br><u>25</u>  |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Retired Farmer</u> |                                  | IF LESS than 1 day, _____ hrs. or _____ min.                               |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.                                   |                                  | 11. Total time (years) spent in this occupation                            |
| 10. Date deceased last worked at this occupation (month and year)  |                                  |  |

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 4-1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1936, to Oct 2 1936

I last saw him alive on Oct 2 1936 Death is said to have occurred on the date stated above, at 4:30 P.M.

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

Myocardial degeneration  
 Date of onset Aut 14

Other contributory causes of importance:  
Chorea

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) J. H. Kores, M. D.  
 (Address) Palmyra

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.

|        |   |
|--------|---|
| FATHER | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Ind.</u>   |
|        | 13. NAME<br><u>Mark Marshall</u>  |
| MOTHER | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>don't know</u>   |
|        | 15. MAIDEN NAME<br>" " " "  |
|        | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br>" " " "   |
|        | 17. INFORMANT (ADDRESS)<br><u>Robert Marshall</u><br><u>Marion County Infirmary</u>                               |
|        | 18. BURIAL, CREMATION, OR REMOVAL PLACE<br><u>Providence Cemetery</u><br><u>Palmyra, Mo.</u><br><u>Oct 6-1936</u> |
|        | 19. UNDERTAKER (ADDRESS)<br><u>Wm. L. Schwarz</u><br><u>Palmyra, Mo.</u>  |
|        | 20. FILED <u>Oct 6-1936</u> <u>Gertrude Lee</u> Registrar   |

