

JAN 13 1937

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

Do not use this space.

42592

1. PLACE OF DEATH

County St. Louis Registration District No. 785  
Township Bonhomme Primary Registration District No. 6031  
City (No. Manchester Nursing Home) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 127

2. FULL NAME

George Marshall

(a) Residence, No. Sherman Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 3, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from October 18<sup>th</sup> 1936, to November 3<sup>rd</sup> 1936

I last saw him alive on November 3, 1936. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. -1-1849

to have occurred on the date stated above, at 8:30 P. m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 87 9 2 \_\_\_\_\_

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Mail carrier  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Mail  
10. Date deceased last worked at this occupation (month and year) 1-20 11. Total time (years) spent in this occupation 45

93c Chronic myocarditis Date of onset \_\_\_\_\_  
111 Pulmonary congestion and edema Nov. 2-36  
131 Chronic nephritis

Other contributory causes of importance: 162 Senility

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

13. NAME Unknown

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Microsc. Was there an autopsy? No

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

23. If death was due to external causes (violence), fill in also the following: ho  
Accident, suicide, or homicide \_\_\_\_\_ Date of injury \_\_\_\_\_ 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)

15. MAIDEN NAME Unknown

Specify whether injury occurred in industry, in home, or in public place.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Unknown

17. INFORMANT (ADDRESS) Edward Robert  
516 W. Main, Mo.

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

18. BURIAL, CREMATION, OR REMOVAL PLACE Manchester M. E. Cem. DATE Nov. 6, 1936

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

19. UNDERTAKER (ADDRESS) Charles Russell Kent  
516 W. Main, Mo.

(Signed) B. P. Loving, M. D.  
(Address) Ballwin, Mo.

20. FILED 11-5 1936 Agnes C Kelly  
Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

