

MAR 29 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County WebsterRegistration District No. 896File No. 9298Township OsagePrimary Registration District No. 6198Registered No. 9City Marshfield (No. ....) St. .... Ward)

## 2. FULL NAME

(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. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF Unknown6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min. About 60

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. Farmer10. Date deceased last worked at this occupation (month and year) Unknown11. Total time (years) spent in this occupation Unknown12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) E. George Marshall Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE White Oak DATE 1/28 193719. UNDERTAKER (ADDRESS) Rev. Rainey Marshall Mo20. FILED July 10 1937 E. Elizabeth Highfill Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/25 193722. I HEREBY CERTIFY, That I attended deceased from Nov 1 1936, to Jan 25 1937I last saw h. u alive on Jan 24 1937. Death is saidto have occurred on the date stated above, at 2-309 m.

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

Sarcoma of left thigh Date of onset

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) J. P. Bruce(Address) Marshfield Mo

, M. D.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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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