MAR 29 1937

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

Do not use this space.

File No. 9303
Registered No. 6

1. PLACE OF DEATH
County: Webster — Registration District No. 896
Township: High Prairie — Primary Registration District No. 6200
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME: Sarah M. Marshall
(a) Residence, No. ~~Fergus~~ Seymour, Route One 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. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: John E. Marshall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 22, 1846

7. AGE — YEARS: 90 — MONTHS: 4 — DAYS: 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own Home
10. Date deceased last worked at this occupation (month and year): 1905
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Leavenworth Indiana

FATHER
13. NAME: J. A. McKoon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): —

MOTHER
15. MAIDEN NAME: — — Leavenworth
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): —

17. INFORMANT (ADDRESS): (Son) John Marshall, Seymour, Route One

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Liberty Cemetery DATE: Dec 31, 1936

19. UNDERTAKER (ADDRESS): Kelley — Hurrell, Seymour, Mo.

20. FILED: 2-24, 1937 Elizabeth Hughes, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1936 to Dec. 29, 1936
I last saw her alive on Dec. 27, 1936 Death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction (Fecal Impaction) — Date of onset: Dec. 25

Other contributory causes of importance: Senility

12-2-36

Name of operation: No — Date of: —
What test confirmed diagnosis? — 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? No
If so, specify .....
(Signed) G. P. Macdonnell, M. D.
(Address) Marshfield, 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.