

MAY 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jasper
Township Union
City ~~Carthage~~

Registration District No. 408
Primary Registration District No. 5565
(No. Route 3, Carthage)

File No. 16643
Registered No. _____
St. _____ Ward _____

2. FULL NAME Benjamin Richard Marsden

(a) Residence, No. Route #3, Carthage, Mo. Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Kathryn L. Marsden.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-14-1884

7. AGE 53 YEARS MONTHS 1 DAYS 23 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) Lonedell, Mo. (STATE OR COUNTRY)

FATHER 13. NAME George Marsden

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

MOTHER 15. MAIDEN NAME Mary Pierce

16. BIRTHPLACE (CITY OR TOWN) Missouri. (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Kathryn Marsden.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cartersville DATE April 9, 1937

19. UNDERTAKER (ADDRESS) Ulmer Funeral Home Carthage, Mo.

20. FILED Apr 9, 1937 A. B. Colinton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-6-37 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1936 to Mar 27, 1937

I last saw him alive on Mar. 31, 1937. Death is said to have occurred on the date stated above, at 3:45 P.M.

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

Pul. tuberculosis

1936

Other contributory causes of importance:

Old's disease

2034/1
Parson

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinal 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 _____, 1937

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. B. Perry M. D.

(Address) Pickering, Mo.

