

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.

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. **791**
Primary Registration District No. **1003**
(No. Missouri Baptist Hospital)

File No. 18785
Registered No. 5361
St. Ward)

2. FULL NAME Bertha La Marsh

(a) Residence, No. Richmond, California. St. NR Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lawrence La Marsh</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 20, 1883.</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>25</u>	<u>54</u>	<u>4</u>	<u>9</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	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 (year) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) <u>Chicago</u> (STATE OR COUNTRY) <u>Ill.</u>				
FATHER	13. NAME <u>Thomas Curphey</u> <u>Thomas</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>Isle of Mann</u> (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME <u>Sarah Elizabeth Bassett</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>Ireland</u> (STATE OR COUNTRY)			
17. INFORMANT <u>Mrs. R.E. McCausland</u> (ADDRESS) <u>Richmond, California</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Chicago, Ill.</u> DATE <u>May 29</u> 19 <u>37</u>				
19. UNDERTAKER <u>Jay B. Smith Funeral Home</u> (ADDRESS) <u>7456 Manchester Ave., Maplewood, Mo.</u>				
20. FILED <u>MAY 29 1937</u> 19 <u>J. H. Breder</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29 1937

22. I HEREBY CERTIFY, That I attended deceased from May 20 1937, to May 29 1937
I last saw her alive on May 29 1937. Death is said to have occurred on the date stated above, at 1:15 P.M.
The principal cause of death and related causes of importance were as follows:
Date of onset

Carcinoma - colonic 1936

Other contributory causes of importance:
Obstruction - intestinal 5-20-37

Name of operation Colostomy Date of 5-20-37
What test confirmed diagnosis? clinical 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) J. B. Keffer, M. D.,
(Address) 4500 Olive St.

15 " 88 2 899

