

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.

JUL 31 1937

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

Do not use this space.

1. PLACE OF DEATH County Hospital
 County Clay Registration District No. 790
 Township Clay Primary Registration District No. 1222A
 City Springfield (No. St. Louis Co. 1222A) St. _____ (Ward) _____
 2. FULL NAME Jessie Mae Marshall
 (a) Residence, No. 2092 B Mallon 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 24888
 Registered No. 217
 St. _____ (Ward) _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jessie Marshall</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6-28-1900</u>		
7. AGE <u>30</u>	YEARS <u>36</u>	MONTHS <u>11</u>
	DAYS <u>16</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>maid</u>		11. Total time (years) spent in this occupation _____
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) _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bethel Missouri</u>		
13. NAME <u>H. H. Ross</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tashou Missouri</u>		
15. MAIDEN NAME <u>Fyler Ross</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tashou Missouri</u>		
17. INFORMANT <u>Coroner</u> (ADDRESS) <u>Quail St. Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Greenwood</u> DATE <u>6-29</u> 19 <u>37</u>		
19. UNDERTAKER <u>B. J. Boyd</u> (ADDRESS) <u>1111 1/2 S. Main</u>		
20. FILED <u>6/23</u> 19 <u>37</u> <u>Dr. J. J. Sigurdson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16 1937

22. I HEREBY CERTIFY, that I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 11:50 P.M.

The principal cause of death and related causes of importance were as follows:
Rupture of aorta of
90

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? autopsy Was there an autopsy? yes

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 4 _____

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

(Signed) John B. Cornell M. D.
 (Address) Coroner, St. Louis Co., Mo.

1950

1951

1952

1953