

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.

OCT 19 1937

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

Do not use this space.

33993

1. PLACE OF DEATH

County Liberty

Township Liberty

City Liberty

Registration District No. 201

Primary Registration District No. 5280

File No. 82

Registered No. \_\_\_\_\_

St. \_\_\_\_\_

Ward) \_\_\_\_\_

2. FULL NAME Ethel J. Marshall.

(a) Residence, No. Liberty R. # 2 St.

(Usual place of abode)

Ward. \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ed. H. Marshall.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 12 - 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
51 0 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for self  
10. Date deceased last worked at this occupation (month and year) 6 mo  
11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte Co. Mo.

13. NAME Frank Edwards.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte Co. Mo.

15. MAIDEN NAME Jane Dennis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte Co. Mo.

17. INFORMANT (ADDRESS) Ed. H. Marshall Liberty, Mo. R#

18. BURIAL, CREMATION, OR REMOVAL PLACE Rocky Hill Platte Co. Mo. DATE Sept 12 1937

19. UNDERTAKER (ADDRESS) Church - Archer Co Liberty, Mo.

20. FILED 9/12 1937 67 Brann Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 10 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 30 1930 to Sept 10 1937

I last saw him alive on Sept 10 1937. Death is said to have occurred on the date stated above, at 11 A. m.

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

Chronic Nephritis  
Bright's Disease 1928

Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

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) Burton Maltby, M. D.

(Address) Rocky Hill Mo.

