

DEC 14 1937

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

Do not use this space.

40646

File No. _____
Registered No. 263 _____
St. _____ Ward _____

1. PLACE OF DEATH

County Bragg Registration District No. 73
Township Washington Primary Registration District No. 3006
City Columbia (No. Noyes Hospital)

2. FULL NAME

Joseph Marshall
(a) Residence, No. _____ St. _____ 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 Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-5-1896

7. AGE YEARS 41 MONTHS 8 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Columbia (STATE OR COUNTRY) Missouri

13. NAME Lafayette Marshall

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

15. MAIDEN NAME Stella Bromwell

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

17. INFORMANT (ADDRESS) Willie Turner
St. Joseph Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE 12-3- 1937

19. UNDERTAKER (ADDRESS) St. J. Parker
Columbia Missouri

20. FILED 12/31 1937 Allie Selby
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 28 1937

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

I last saw h. _____ alive on _____ 19____. (Death is said to have occurred on the date stated above at St. J. P. H.)

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

Nov 29 - 1937
I attended the dead body of Joseph Marshall who died of
gun shot wounds
in stomach
Homicide
Date of onset _____
Other contributory causes of importance: _____

Name of operation _____ 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? Homicide Date of injury Nov 24, 1937

Where did injury occur? McCann Bldg (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury gun shot wound
Nature of injury in stomach

24. Was disease or injury in any way related to occupation of deceased? ?

If so, specify _____
(Signed) W.P. Tolson M.D.
(Address) 2049 St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURRENCE is very important.

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