

JAN 1938

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

Do not use this space.

45115

1. PLACE OF DEATH  
 County Clay Registration District No. 205  
 Township Liberty Primary Registration District No. 5280  
 City Liberty (No.         ) St.          Ward         

2. FULL NAME Rolla L. Marsh  
 (a) Residence, No. 302-B Mo. St.          Ward           
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 4-1889

7. AGE YEARS 48 MONTHS 0 DAYS 13 If LESS than 1 day, .....hrs. or .....min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk for  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Budjell Mfg Co.  
 10. Date deceased last worked at this occupation (month and year) 11/15/37 11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holt, Mo.

MOTHER 13. NAME Andrew J. Marsh  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky  
 15. MAIDEN NAME Jessie M. Walker  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co. Mo.

FATHER 17. INFORMANT Mrs. Everett Smith  
 (ADDRESS) 302-B Mo. St. Liberty, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE near Macon, Mo. DATE 12/19/37  
 19. UNDERTAKER Church - Archer Co  
 (ADDRESS) Liberty, Mo.  
 20. FILED 12/18/37 E. J. Barr  
 Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from several years, 19        , to Dec 17, 1937  
 I last saw him alive on Dec 16, 1937. Death is said to have occurred on the date stated above, at 3:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Haemorrhage Date of onset Dec 10 37  
1 stroke 2 mo ago - 2 d  
stroke

Other contributory causes of importance:         

Name of operation none Date of           
 What test confirmed diagnosis? Paralysis 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         

24. Was disease or injury in any way related to occupation of deceased?           
 If so, specify           
 (Signed) Wm. H. Goodson, M. D.  
 (Address) Liberty, Mo.

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.

