

JAN 21 1938

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

46179
Do not use this space.

1. PLACE OF DEATH
 (a) County Newton Registration District No. 609
 (b) Township Neosho Primary Registration District No. 4863 Registered No. 136
 (c) City Neosho (d) Street No. Sale-Bowman Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sandra Sue Marshall
 (a) Residence, No. 644 Young Street St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 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) August 8, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 4 9

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

12. BIRTHPLACE (CITY OR TOWN) Neosho /
 (STATE OR COUNTRY) Missouri

FATHER
 13. NAME R. M. Marshall 2
 14. BIRTHPLACE (CITY OR TOWN) Wichita /
 (STATE OR COUNTRY) Kansas

MOTHER
 15. MAIDEN NAME Doris Mays
 16. BIRTHPLACE (CITY OR TOWN) Monett /
 (STATE OR COUNTRY) Missouri

17. INFORMANT R. Marshall
 (ADDRESS) Neosho, Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Monett, Mo DATE 13/18.37

19. FUNERAL DIRECTOR The Bigam Mortuary
 (ADDRESS) Neosho, Mo

20. FILED 12-17-37 Analasali
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 12-14-37, 19 , to 12-17-37, 19 .
 I last saw h. c. c. alive on Dec 17, 1937. Death is said to have occurred on the date stated above, at 9 a. m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia pneumonia Date of onset 9
 Other contributory causes of importance:
Chicken pox and tuberculosis cough

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

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 bronchitis / M. D.
 (Signed) Analasali (Address) Neosho, 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.

STATEMENT BY LICENSED EMBALMER

I, J. A. Bigham, Licensed Embalmer No. 2689

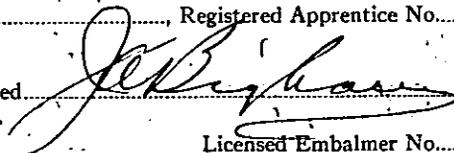
hereby certify that the body recorded on the reverse side of this certificate was embalmed by J. A. Bigham

L. E.

No. 2689 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed



Licensed Embalmer No. 2689

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)