

APR 23 1938

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

Do not use this space.

1. PLACE OF DEATH

County Jackson  
Township Kay  
City Kansas City (No. Research Hospital)

Registration District No. 399  
Primary Registration District No. 1002

File No. 9555  
Registered No. 1020 Ward

2. FULL NAME

Mr. Thomas Charles Marshall

(a) Residence, No. 624 St. Alma Mo Ward. Alma Mo  
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-13-1861

7. AGE YEARS 76 MONTHS 4 DAYS 21 If LESS than 1 day, ..... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) Worthmoor, Missouri (STATE OR COUNTRY)

13. NAME George Marshall

14. BIRTHPLACE (CITY OR TOWN) Do not know (STATE OR COUNTRY)

15. MAIDEN NAME Nancy Hammond

16. BIRTHPLACE (CITY OR TOWN) Do not know (STATE OR COUNTRY)

17. INFORMANT Alma Marshall (ADDRESS) Alma Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sedalia, Mo. DATE 3/7- 1938

19. UNDERTAKER A. H. Brewer (ADDRESS) Alma Mo.

20. FILED Mich 5 1938 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/4 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/4 1938, to 3/4 1938

I last saw him alive on 3/4 1938 Death is said to have occurred on the date stated above, at 8:05 p. m.

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

Papillary adenocarcinoma of return  
Perforation of return  
Retroperitoneal hemorrhage

Date of onset  
6/3  
3/3  
3/3

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_, 1938

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) George W. Shiele M. D.  
(Address) 1105 Grand Ave.,  
Alma 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.

WRITE CLEARLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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