

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.

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

Do not use this space.

REC'D APR 1 1938

1. PLACE OF DEATH
 53 County Nashville Registration District No. 44812 File No. 11208
 1 Township Primary Registration District No. 5608 Registered No. 5
 0 City Carway (No. St. Ward)

2. FULL NAME Alice Kattie Marsh 62.0
 (a) Residence, No. St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 9 1

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.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

13. NAME W. G. Chamberling

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Sarah E. Linsenbiger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Mr. Alice A. Keef
 (ADDRESS) Carway Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Tracelawn DATE 3/17 1938

19. UNDERTAKER W. E. Hoeman
 (ADDRESS) Carway Mo

20. FILED 3-26 1938 Ara Montgomery
 Registrar. 403

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/10 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-2, 1938 to 3-10, 1938
 I last saw her alive on 3-7, 1938 Death is said to have occurred on the date stated above, at 1:00 p.m.
 The principal cause of death and related causes of importance were as follows:
Robert Pneumonia Date of onset

Other contributory causes of importance: 105-

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? no
 If so, specify
 (Signed) J. D. Hurdsey, M. D.
 (Address) Carway

