

REC'D JUN 20 1938

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

Do not use this space.

18553

1. PLACE OF DEATH

County Jasper Registration District No. 411 File No. _____
 Township _____ Primary Registration District No. 2002 Registered No. _____
 City Joplin Mo. (No. _____) St Johns Hospital Joplin Mo. (No. _____) (If nonresident, give city or town and State)

2. FULL NAME

(a) Residence, No. 1914 Joplin, Salina, Kansas Ward. Galena Kan.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. 5 mos. 29 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 30-1937

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
0 5 29

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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) (STATE OR COUNTRY) Salina, Kansas

FATHER
 13. NAME William Dewey Marsh
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
 15. MAIDEN NAME Miss Velma Carriger
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salina, Kansas

17. INFORMANT Mr. Tom Williams (ADDRESS) Galena Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Galena, Kas. DATE May 31 1938

19. UNDERTAKER (ADDRESS) Edwards Undertaking Co. Joplin, Kansas

20. FILED 5-31-1938 Registrar. _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29 1938

22. I HEREBY CERTIFY, That I attended deceased from 5/20 1938, to 5/29 1938.

I last saw him alive on 5/29/38 1938. Death is said to have occurred on the date stated above, at 12:20 P.M.

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

Acute Bacterial Enteritis Date of onset _____

Other contributory causes of importance: 11/12
Bronchial Pneumonia

Name of operation none Date of _____

What test confirmed diagnosis? P.A. Was there an autopsy? no

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) Edwards M. D.

(Address) 616 Bruce Bldg Joplin, Mo.

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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.

