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

25179
Do not use this space.

REC'D AUG 24 1938

1. PLACE OF DEATH
(a) County Crawford 1 Registration District No. 1113
(b) Township Osage Primary Registration District No. 5317 Registered No.
(c) City (d) Street No. 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 Emma Luise Marsh. 620
(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Andrew J. Marsh
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19-1851
7. AGE YEARS 86 MONTHS 10 DAYS 7 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as 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) Amherst Virginia 1

FATHER
13. NAME Rolland Burk 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia 9

MOTHER
15. MAIDEN NAME —
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) —

17. INFORMANT (ADDRESS) Mrs John Beckham Davisville Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Hibler Cemetary DATE 6/16 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) L J Jones Steelville Mo
20. FILED ....., 19.... (Local Registrar.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/14 1938
22. I HEREBY CERTIFY, That I attended deceased from Nov 24 1937 to May 24 1938
I last saw her alive on May 24 1938 Death is said to have occurred on the date stated above at 18 m.
The principal cause of death and related causes of importance were as follows:
Chronic Nephritis Date of onset 1935
93C
Other contributory causes of importance: Senility
Name of operation None Date of —
What test confirmed diagnosis? — 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) Lloyd H. Hunt, M. D.
(Address) Salem Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____, or by _____ Registered Apprentice No._____, working under my personal supervision.

Signed_____

Licensed Embalmer No._____

P. O. Address_____

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

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

25-179
Do not use this space.

1. PLACE OF DEATH
(a) County Crawford — Registration District No. 1113
(b) Township Osage — Primary Registration District No. 5317 — Registered No. 9
(c) City ..... (d) Street No. ..... 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 Emma Louise Marsh
(a) Residence, No. ..... 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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Andrew J. Marsh
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July, 19. 1851
7. AGE YEARS 86 MONTHS 10 DAYS 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as 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) Amherst Virginia

FATHER
13. NAME Rolland Burk
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs John Beckham Dawsonville Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Hibler Cem DATE 6/16 1938
19. FUNERAL DIRECTOR (ADDRESS) L. J. Jones Steelville Mo
20. FILED 9-11 1938 E. E. Feltz Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/14 1938
22. I HEREBY CERTIFY, That I attended deceased from Nov 24 1938, to May 24, 1938
I last saw her alive on May 24, 1938. Death is said to have occurred on the date stated above at 1 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	

Other contributory causes of importance:
Senility

Name of operation none Date of .....
What test confirmed diagnosis? ..... 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) Lloyd H. Hunt, M. D.
(Address) Salem Mo

SUPPLEMENTARY

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.