

REC'D SEP 13 1938

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

28002
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kawr Primary Registration District No. 1002
(c) City Jackson City (d) Street No. 3415 Kenwood 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Mrs. Helen Grace Marshall 624
(a) Residence, No. 3415 Kenwood 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>David H. Marshall</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 25, 1858</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>7</u>
	DAYS <u>28</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Housewife</u>	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> <u>9</u>	
	13. NAME <u>York, Brooke</u> <u>9</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> <u>9</u>	
	15. MAIDEN NAME <u>Unknown</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>Mrs. R. C. DeShazer</u> (ADDRESS) <u>3415 Kenwood</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Int. Marsh</u> DATE <u>Aug 24 38</u>		
19. FUNERAL DIRECTOR (NAME) <u>O. N. Newcomb Sons</u> (ADDRESS) <u>Brushcreek Pass</u>		
20. FILED <u>Aug 22, 1938</u> <u>M. M. Brown</u> (Local Registrar)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov., 1938, to Aug 23, 1938
I last saw him alive on 8/22, 1938 Death is said to have occurred on the date stated above, at 9:20 A m.
The principal cause of death and related causes of importance were as follows:

<u>Carcinoma lobes</u>	Date of onset <u>10 mo ago</u>
<u>Hypostatic pneumonia</u>	<u>9/20/38</u>

Other contributory causes of importance:
None

Name of operation None Date of —
What test confirmed diagnosis? Clinical 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 James J. Brown, M. D.
(Signed) James J. Brown (Address) 907 Rialto Bldg

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.

Prints Body

1-3
112389

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,

George M. Collier, or by

Registered Apprentice No., working under my personal supervision.

Signed *George M. Collier*

Licensed Embalmer No. *3839*

P. O. Address

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.)

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