

6662 SEP 20 1938

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

29122
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 400
 (b) Township Praine Primary Registration District No. 5553 B Registered No. 172
 (c) City _____ (d) Street No. Jackson County Home For the aged 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 Thomas C. Marshall 6211

(a) Residence, No. Jackson County Home 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12 1938

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

22. I HEREBY CERTIFY, That I attended deceased from 8-12-38 to 8-12-38

I last saw him alive on 8-11-38 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1863

to have occurred on the date stated above, at 4 P. m.

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

7. AGE YEARS 75 MONTHS 7 DAYS - If LESS than 1 day, _____ hrs. or _____ min.

Chronic myocarditis Date of onset _____

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Janitor
 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 _____

Other contributory causes of importance: 42C

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

FATHER 13. NAME Unknown

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

What test confirmed diagnosis Clinical Was there an autopsy? No

MOTHER 15. MAIDEN NAME Unknown

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)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Ernest Jackson
76 Home

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL (ADDRESS) Liberty Ill. DATE Aug 15 1938

Nature of injury _____

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Miller
W. H. Miller

24. Was disease or injury in any way related to occupation of deceased? No

20. FILED Aug 15-38 William J. Fields
Local Registrar

If so, specify _____

(Signed) Dr. Green, M. D.

(Address) Dr. Green

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 conform with the above constitutes grounds for revocation of license.)

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