

NOV 28 1938

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

Do not use this space.

1. PLACE OF DEATH

County Jackson

Registration District No. 400

File No. 35910

Township Summit

Primary Registration District No. 4235

Registered No. 224

City Leeds Summit

(No. Residing)

St. _____ Ward _____

2. FULL NAME Willard S. Marsh

(a) Residence, No. Leeds Summit St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-12-1854

7. AGE YEARS 83 MONTHS 11 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ex. Police

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 5

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

13. NAME Sulvester Marsh

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

15. MAIDEN NAME Mary Summers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloomington Ill

17. INFORMANT Mrs. Francis Frankly (ADDRESS) Leeds Summit

18. BURIAL, CREMATION, OR REMOVAL PLACE Wal Hill DATE 11-2-1938

19. UNDERTAKER H.B. Langstaff (ADDRESS) Leeds Summit Mo

20. FILED 11-2-1938 William S. Fields Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1938 to Oct. 31, 1938

I last saw him alive on Oct. 30, 1938 Death is said

to have occurred on the date stated above, at 6:45 A.M.

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

Senile Dementia
Hypostatic Pneumonia 10-26-38

Date of onset 1937

Other contributory causes of importance: 152

Name of operation _____ 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) Clint G. Miller, M. D.

(Address) Leeds Summit Mo.

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.

