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.

DEC'D FEB 21 1939

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

Do not use this space.

1. PLACE OF DEATH

County Butler — Registration District No. 89 — File No. 1727

Township — Primary Registration District No. 3007 — Registered No. 9

City Poplar Bluff (No. ..., ... St. ..... Ward)

2. FULL NAME Ralph Fink Marsden

(a) Residence, No. 1410 E. 30th St., ... Ward. Kansas City, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 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 (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Goldie Marsden

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1882

7. AGE: YEARS 57 — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Accountant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: State Auditor Office
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): Unknown

FATHER

13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

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

17. INFORMANT (ADDRESS): Mrs. Goldie Marsden, Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kansas City, Mo. DATE 1-13, 1939

19. UNDERTAKER (ADDRESS): Frank Undertaking Co., Poplar Bluff, Mo.

20. FILED 1/13, 1939 Oldutsinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-9, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-9, 1939, to 1-9, 1939

I last saw him alive on 1-9, 1939. Death is said to have occurred on the date stated above, at 5 P m.

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

Perforated Gastric ulcer — Date of onset 1-8-39

117 P

Other contributory causes of importance: Shock

Name of operation none — Date of —

What test confirmed diagnosis? symptoms — 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) Wm Henderson, M. D.

(Address) Poplar Bluff Mo