

DESD MAR 16 1939

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

6264
Do not use this space.

1. PLACE OF DEATH *2*

(a) County *Day Liberty* Registration District No. *201*

(b) Township *Liberty* Primary Registration District No. *5280*

(c) City *Liberty* (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St.

(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 *6 3/4* *Milton W Marsh*

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *w* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *widower*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec. 28 1871*

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

67 2 10

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

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) *Viola* (STATE OR COUNTRY) *Penna.*

13. NAME *Elliott Marsh*

14. BIRTHPLACE (CITY OR TOWN) *Wheeling* (STATE OR COUNTRY) *W. Virginia*

15. MAIDEN NAME *Harris*

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

17. INFORMANT *Gerald Marsh* (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL *Liberty Mo* PLACE *Farristown* DATE *3/9 1939*

19. FUNERAL DIRECTOR *Brothers & Imbruglia* (ADDRESS) *Liberty Mo*

20. FILED *3/8 1939* *E. T. Brant* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar 8 1939*

22. I HEREBY CERTIFY, That I attended deceased from *Mar 2 1939*, to *Mar 8 1939*

I last saw him alive on *Mar 8 1939* Death is said to have occurred on the date stated above, at *8:40 a.m.*

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

Carcinoma of Esophagus

Other contributory causes of importance: *46'*

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *Yes*

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) *Byrdson Matthey* M. D.

Liberty Mo. 8

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N.E.—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.

I X12004

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2/27/39

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed _____
Licensed Embalmer No. _____

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.)