

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

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.

REC'D APR 6 1939

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

Do not use this space.

10664

1. PLACE OF DEATH

County Atchison Registration District No. 260  
Township 1 Primary Registration District No. 4159  
City Ostlin (No. 1)

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maggie Marsh

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 27 1870

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>68</u>	<u>5</u>	<u>21</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rail road foreman.

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.....

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

13. NAME Sylvester Marsh

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Desport -

15. MAIDEN NAME Mary Summers

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

17. INFORMANT (ADDRESS) Mrs Maggie Marsh  
Ostlin Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ostlin DATE March 20 1939

19. UNDERTAKER (ADDRESS) F. G. Galway  
Stewartville Mo.

20. FILED 3-20 1939 J. H. McMahill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18 1939

22. I HEREBY CERTIFY, That I attended deceased from March 6 1939 to March 18 1939

I last saw him alive on March 18 1939 Death is said to have occurred on the date stated above, at 5:29 a.m.

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

Carcinoma of bladder Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....

If so, specify (Signed) M. S. Gale, M. D.

(Address) Ostlin Mo.

STATEMENT BY LICENSED EMBALMER

I, J. G. Lyon, Licensed Embalmer No. 952

hereby certify that the body recorded on the reverse side of this

Certificate was embalmed by J. G. Lyon

or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

(Signed) \_\_\_\_\_

\_\_\_\_\_  
Licensed Embalmer No. \_\_\_\_\_

**NOTE:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **O'WN HANDS** ONLY.  
(Failure to comply with the above regulation constitutes grounds for revocation of license.)