JUL 14 1939

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

21428
Do not use this space.

1. PLACE OF DEATH
(a) County Audrain
(b) Township Saltriver
(c) City Mexico Mo
(d) Street No. Audrain Hospital 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. 624 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 26
Primary Registration District No. 3002
Registered No. 92

2. PRINT FULL NAME Cora Lee Marshall
(a) Residence, No. Molino, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

4
4
2

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 10, 1867

7. AGE: Years 71 | Months 8 | Days 6 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
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) (STATE OR COUNTRY) Audrain County, Mo. 0

FATHER
13. NAME Jesse A Brown 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

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

17. INFORMANT Clyde Marshall
(ADDRESS) Perry, Mo.

18. BURIAL, CREMATION, OR REMOVAL Mexico, Mo.
PLACE Elmwood Cemetery, DATE June 16 1939

19. FUNERAL DIRECTOR (NAME) H. A. Precht & Son
(ADDRESS) Mexico, Mo.

20. FILED June 16, 1939 Blanche Neely
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-15, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1939, to June 15, 1939
I last saw her alive on June 14, 1939. Death is said to have occurred on the date stated above, at 4:30 A.M.
The principal cause of death and related causes of importance were as follows:

Auricular fibrillation — Date of onset 6-14-39
Myocarditis, chr.
Coronary sclerosis

93C

Other contributory causes of importance:
Senility
Bronchitis
Senile anemia

Name of operation none 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) R. S. Williams, M. D.
23 (Address) Mexico Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE 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.

I X14628

RECEIVED
District Health Officer No. 10
District File Number 7-29-1198
Date Filed JUL 10 1939

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, Earl E. Precht, or by _____,

Registered Apprentice No. _____, working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, Mo.

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.)

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