JUL 18 1939

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

22466
Do not use this space.

1. PLACE OF DEATH
(a) County Johnson — Registration District No. 14
(b) Township Jefferson — Primary Registration District No. 5587 — Registered No. 8
(c) City — (d) Street No. — 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Daisy Deen Marshall
(a) Residence, No. 624 Johnson Co. Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
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: J. L. Marshall
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb-17-1885
7. AGE: YEARS 54 — MONTHS 3 — DAYS 21 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer wife
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): Mo. 0

FATHER
13. NAME: Wm. Marshall 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 (ADDRESS): Wm. Marshall Knob Noster Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Pleasant Grove DATE: June-11 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): C. L. Sault Knob Noster Mo
20. FILED: June 11, 1939 J. Jennings Jr. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 8, 1939
22. I HEREBY CERTIFY, That I attended deceased from From June 12 1939 to June, 1939
I last saw her alive on ....., 19.... Death is said to have occurred on the date stated above, at 11.30 P.m.
The principal cause of death and related causes of importance were as follows:
Pulmonary tuberculosis (Chronic) — Date of onset: 3 years ago
Other contributory causes of importance: —
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? no — 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: none
Nature of injury: none
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) John T. Anderson, M. D.
(Address) Warrensburg 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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7/11/29

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, ...

....., or by .....

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.