

1939 JUL 19 1939

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

23351  
Do not use this space.

1. PLACE OF DEATH

(a) County Saline Registration District No. 796  
 (b) Township Marshall Primary Registration District No. 3038 Registered No. 109  
 (c) City Marshall (d) Street No. Fitzgibbons 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. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

340 Infant of Mr & Mrs Thomas R. Motley  
 (a) Residence, No. Bowling Green, 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21st, 1939

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

OCCUPATION 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) Marshall, Mo. (STATE OR COUNTRY) 0

FATHER 13. NAME Thomas R. Motley 0

14. BIRTHPLACE (CITY OR TOWN) Bowling Green (STATE OR COUNTRY) Missouri 0

MOTHER 15. MAIDEN NAME Katherine Maud Stouffer

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

17. INFORMANT (ADDRESS) Thomas R. Motley  
Bowling Green, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Smiths Chapel DATE June 21st, 1939

19. FUNERAL DIRECTOR (NAME) Campbell-Lewis (ADDRESS) Marshall, Mo.

20. FILED 6-21-39 Mary Kent 712  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1939 to June 21, 1939

I last saw h. alive on resuscitated, 19... Death is said to have occurred on the date stated above, at 7 a.m.

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

Face presentation, prolapsed arm and umbilical cord. Tension and forceps to after coming head  
 Date of onset 6-20-39

Other contributory causes of importance:  
 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? .....  
 If so, specify (Signed) Thomas R. Motley, M. D.  
 (Address) Marshall, Mo.

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 7/11/39

**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.**