

1939 OCT 12 1939

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

32816
Do not use this space.

1. PLACE OF DEATH

(a) County Laclede Registration District No. 467
(b) Township Barren Primary Registration District No. 4280 Registered No. 57
(c) City Barren, Mo. (d) Street No. _____
(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

624. Albertine Marshall
(a) Residence, No. 134 N. Olive Barren Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Jeffrey Marshall
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18, 1860
7. AGE YEARS 79 MONTHS 6 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Kentucky
13. NAME William Spink
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
15. MAIDEN NAME Mary Blue
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Ella Petty Barren, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Hopple Park DATE Sept 27, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. L. Thrall, Mgr. Barren Funeral Home Barren, Mo.
20. FILED 10-2, 1939 J. D. Cowan, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr 14, 1938, to _____, 19____. I last saw her alive on Sept 8, 1939. Death is said to have occurred on the date stated above, at _____ a. m. The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 8/14/38
Sexuality

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? no
If so, specify _____
(Signed) Mill Smith, M. D.
465 (Address) 121 N. Pleasant Barren, Mo.

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.

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~~.....

Myself....., Registered Apprentice No. *1*
working under my personal supervision.

Signed *Pascal L. Marsh*.....

Licensed Embalmer No. *3812*.....

P. O. Address *Amoria 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.