

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

Do not use this space.

37298

**1. PLACE OF DEATH**

County Saline  
Township Marshall  
City Marshall (No. 1)

Registration District No. 796  
Primary Registration District No. 3039  
St. Salt Pond

File No. \_\_\_\_\_  
Registered No. 169  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. of Salt Pond St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>F.</u>	4. COLOR OR RACE <u>wh.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 12, 1939</u>		
7. AGE	YEARS	MONTHS
<u>X</u>	<u>X</u>	<u>X</u>
		DAYS
		<u>X</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____		<input checked="" type="checkbox"/>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____		<input checked="" type="checkbox"/>
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marshall Mo.</u>
	13. NAME <u>Eugene F. Hoyes</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Saline Mo.</u>
	15. MAIDEN NAME <u>Charalynn M. Callister</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boone Mo.</u>
	17. INFORMANT (ADDRESS) <u>Mrs. Callister Marshall, Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wagon of</u> DATE <u>Oct 12, 1939</u>	
19. UNDERTAKER (ADDRESS) <u>By family</u>	
20. FILED <u>10-16-39</u> <u>Mary Kent</u> Registrar.	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_.

I last saw the deceased Stillborn, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 7: P.m.

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

Stillborn Date of onset 9/12

Other contributory causes of importance:  
Placental infarcts

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? cl 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) W. K. King M. D.  
Marshall, Mo (Address)

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

11/1/39

Date Filed