

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

14381
 Do not use this space.

1. PLACE OF DEATH

(a) County BUCHANAN Registration District No. 85
 (b) Township _____ Primary Registration District No. 1001 Registered No. 475
 (c) City ST. JOSEPH (d) Street No. MISSOURI METHODIST Hosp. 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 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MABEL BERRY MARSDEN

(a) Residence, No. 201 S. 17TH-ST. JOSEPH, 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 <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>WIDOWED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>HERBERT MARSDEN</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>JAN. 20-1872</u>		
7. AGE YEARS <u>68</u>	MONTHS <u>3</u>	DAYS <u>5</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>PRACTICAL</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>NURSE</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation <u>5</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>ATCHISON, KANSAS</u>		
FATHER	13. NAME <u>JOHN BERRY</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>UNKNOWN UNKNOWN</u>	
MOTHER	15. MAIDEN NAME <u>AMELIA TORTAT</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>UNKNOWN UNKNOWN</u>	
17. INFORMANT (ADDRESS) <u>Wm. S. Fox ATCHISON, KANSAS</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>ATCHISON, KAN</u> DATE <u>APR. 27</u> 19 <u>40</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>WILLIAM STANTON ATCHISON, KAN</u>		
20. FILED <u>7/26/1940 H.D. Mathews</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APR-25-1940

22. I HEREBY CERTIFY, That I attended deceased from APR-25- 1940, to APR-25- 1940.
 I last saw her alive on APR-22- 1940. Death is said to have occurred on the date stated above, at 4 P. m.
 The principal cause of death and related causes of importance were as follows:
Cholecystitis
Hypertension
 Date of onset 7-23-1937

Other contributory causes of importance:
None

Name of operation None Date of _____
 What test confirmed diagnosis? None 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 None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____ (Signed) T. L. Bourke, M. D.
 (Address) 625 Thomas

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.....
....., 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.