

APR 11 1940

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

14643

Do not use this space.

1. PLACE OF DEATH

(a) County Clay Registration District No. 148
 (b) Township _____ Primary Registration District No. 2011 Registration No. 604
 (c) City Excelsior Springs (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name and kind of street and number) St. _____
 (e) Length of residence in city or town where death occurred 45 yrs. mos. ds. (f) How long in U. S., if of foreign birth _____ yrs. mos. ds.

2. PRINT FULL NAME

Thadus Marshall
 (a) Residence, No. 106 West North St St. (If nonresident, give county or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 11 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Janitor
 9. Industry or business in which work was done, as saw mill, bank, etc. Post Office
 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) Carrollton Missouri

FATHER 13. NAME Burrell Marshall
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrollton Missouri

MOTHER 15. MAIDEN NAME Sarah Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Freddi Marshall Excelsior Springs, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Excelsior Springs, Mo DATE April 12, 1940
Elmwood Cemetery

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Charles Brienhard Excelsior Springs, Missouri

20. FILED Apr 10, 1940 Mrs R. M. O'Grady Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1940, to April 9, 1940
 I last saw him alive on April 18, 1940 Death is said to have occurred on the date stated above, at 2:35 am.
 The principal cause of death and related causes of importance were as follows:

Thrombosis of Left Cerebral Arteries and Vessels

Date of onset March 2, 1940

Other contributory causes of importance:

none

Name of operation _____ 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? _____ 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 John F. Grace, M. D. (Signed) Excelsior Springs, Mo (Address)

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
BUREAU OF PUBLIC HEALTH

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5-3-70

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,

~~Robert Ray~~

or by Robert Ray

Registered Apprentice No. 226, working under my personal supervision.

Signed Claude P. Richens

Licensed Embalmer No. 2751

P. O. Address Excellence Springs

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.