

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

15331

Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence / Registration District No. 470
 (b) Township Mount Vernon Primary Registration District No. 516 33 Registered No. 37
 (c) City Mount Vernon (d) Street No. Missouri State Sanatorium 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 2 yrs. 2 mos. 15 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

620 David Otis Marsh
 (a) Residence, No. Sullivan Mo. Transfer Co
 (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) Dec. 5, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
51 3 6

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
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) 1932 **11. Total time (years) spent in this occupation**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hemalite Missouri

FATHER
13. NAME William Dave Marsh

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri

MOTHER
15. MAIDEN NAME Mary Umber

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri

17. INFORMANT (ADDRESS) E. McMichael, Record Clerk Missouri State Sanatorium

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mo. S. S. Cemetery DATE 4-15 40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fossett Funeral Home Mt. Vernon, Mo

20. FILED April 15 1940 P. A. Holmes Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 11, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1938, to Apr. 11, 1940.

I last saw him alive on Apr. 10, 1940. Death is said to have occurred on the date stated above, at 8:15 A. M.

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

Pulmonary tuberculosis
 Other contributory causes of importance: 27
As shown

Name of operation _____ Date of _____
 What test confirmed diagnosis? X-ray 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?
 If so, specify _____

(Signed) Marjorie L. Jones, M. D.
 (Address) Mt. Vernon, Mo

RECEIVED

District Health Officer No. 6,

District File Number 540-1243

Date Filed MAY 7 1940

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.