

NOV 21 1928

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

Do not use this space.

35379

1. PLACE OF DEATH

County Henry
Township Clinton
City Clinton (No.)

Registration District No. 347
Primary Registration District No. 3018

File No.
Registered No. 128
St. Ward)

2. FULL NAME

Mr Francis Marselles

(a) Residence No. 614 S main St., Ward.

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF May Adeline Marselles

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 12 - 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min. 78 | 9

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Blacksmith (b) General nature of industry, business, or establishment in which employed (or employer) in shop (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Hannibal (STATE OR COUNTRY)

PARENTS 10. NAME OF FATHER Mr. J. M. Marselles 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Osceola Missouri 12. MAIDEN NAME OF MOTHER Almeta Dyer 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) near Hannibal Mo

14. INFORMANT Dr. Wm Marselles (Address) Clinton Mo

15. FILED Oct. 22, 1928 Dr. E. C. Peeler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 21 1928

17. I HEREBY CERTIFY, That I attended deceased from 11 day Oct, 1928, to Oct 21, 1928, and that I last saw him alive on Oct 21, 1928, and that death occurred, on the date stated above, at 8:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: acute attack of bronchial asthma (duration) yrs. mos. 3 da.

CONTRIBUTORY Myocardial shock due to his (SECONDARY) wifes sudden death (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH. Clinton Mo

19. DID AN OPERATION PRECEDE DEATH? DATE OF WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS. (Signed) Wm Marselles, M.D. , 19 (Address) Clinton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Brookfield Mo DATE OF BURIAL Oct 22 1928

20. UNDERTAKER Spore & Co ADDRESS Clinton

WRITE CLEARLY, WITH CARE. 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.

