

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

Do not use this space.

22594

1. PLACE OF DEATH
 42 County Frank Registration District No. 14
 8 Township Primary Registration District No. 4211
 2 City Windsor Mo. (No. _____) St. _____ Ward _____
 2. FULL NAME Joseph Marshall
 (a) Residence No. 6 Florence 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 m 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF me H. Marshall.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 3 1855
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 05 15
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 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) England 8.
 13. NAME Thomas Marshall
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England
 15. MAIDEN NAME Mary Bowell
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England
 17. INFORMANT W. E. Marshall
 (ADDRESS) Windsor Mo. RR
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Windsor DATE July 19 1932

19. UNDERTAKER (ADDRESS) W. E. Marshall
 20. FILED 7-19 1932
 Registrar W. E. Marshall

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17 1932
 22. I HEREBY CERTIFY that I attended deceased from Aug 14 1932, to July 17 1932
 I last saw him alive on July 17 1932 Death is said to have occurred on the date stated above, at 2:38 pm.
 The principal cause of death and related causes of importance were as follows:

Medical Resuscitation Date of onset 4 yrs ago
 Other contributory causes of importance: 920

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 _____ (Signed) W. E. Marshall M. D.
 (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.

AUG 24 1932

