

REC'D SEP 20 1939

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

29255  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Hennepin <sup>2</sup> Registration District No. 352  
(b) Township Beulah <sup>1</sup> Primary Registration District No. 5494 Registered No. 16  
(c) City Montrose MO (d) Street No. \_\_\_\_\_ 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

620 Ila J. Marsh  
(a) Residence, No. \_\_\_\_\_ 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 Male 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 Mollie Marsh  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 1 - 1853  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
85 3 27  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
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)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill. 1

FATHER 13. NAME Geo Marsh 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa 1

MOTHER 15. MAIDEN NAME Rose Steele

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iud

17. INFORMANT (ADDRESS) Mollie Marsh

18. BURIAL, CREMATION, OR REMOVAL PLACE Montrose DATE Mar 29 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Welling Bros  
Montrose MO

20. FILED 8-16 1939 W.E. Baggerly Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 27 38

22. I HEREBY CERTIFY, That I attended deceased from 7-1 1937, to Mar 27 1938  
I last saw him alive on Mar 23 1938. Death is said to have occurred on the date stated above, at 5:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset 1935

Other contributory causes of importance: 946

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical 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. Baggerly, M. D.

(Address) Montrose MO

**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, .....

*On the 27 day of march 1938*, or by *+* .....

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

Signed.....

*Frank Lee*

Licensed Embalmer No. ....

*1099*

P. O. Address .....

*Appleton City, Wis.*

**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.**