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

Do not use this space.

1867

1. PLACE OF DEATH

County _Jasper_   Registration District No. _406_   File No. _____

Township _____   Primary Registration District No. _4240_

City _Carl Junction_ (No. _____ , St. _____ Ward)   Registered No. _5_

2. FULL NAME _Rebecca Jane Marshall_

(a) Residence, No. _Tebury_ St., _1st_ Ward.

(Usual place of abode)   (If nonresident, give city or town and State)

Length of residence in city or town where death occurred _41_ yrs. _—_ mos. _—_ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX _Female_

4. COLOR OR RACE _White_

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _widowed_

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _John Marshall_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _Oct 15 - 1865_

7. AGE YEARS _67_ MONTHS _3_ DAYS _7_ If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _At home_

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) _Crawford Co. Mo._

FATHER

13. NAME _Holmes_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _no record_

MOTHER

15. MAIDEN NAME _no record_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _no record_

17. INFORMANT (ADDRESS) _Mrs Gladys Marshall_ _Carl Junction Mo._

18. BURIAL, CREMATION, OR REMOVAL PLACE _Carl Junction Mo._ DATE _Jan 28_ _1933_

19. UNDERTAKER (ADDRESS) _C. W. Rowen_ _Carl Junction, Mo._

20. FILED _1-24_ _1933_ _C. W. Rowen_ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _Jan 22 1933_

22. I HEREBY CERTIFY, That I attended deceased from _Jan. 22 1933_, to _Jan. 22, 1933_

I last saw h__ alive on _Jan 22, 1933_ Death is said to have occurred on the date stated above, at _11.15_ __ m.

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

Cerebral Hemorrhage

Date of onset _____

Other contributory causes of importance: _High Blood Pressure_

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) _O. L. Albert_ , M. D.

(Address) _Carl Junction, Missouri_