

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

Do not use this space.

REC'D JUN 10 1938

18506

1. PLACE OF DEATH

County Jasper Registration District No. 406 File No. _____
 Township _____ Primary Registration District No. 4240 Registered No. 16
 City Coal Junction (No. _____) St. _____ Ward _____

2. FULL NAME

William Henry Marshall 654
 (a) Residence, No. J.P.F.N. Stanley St. 1st Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ruth Helen Marshall</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 18 - 1885</u>				
7. AGE	YEARS <u>53</u>	MONTHS <u>2</u>	DAYS <u>7</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>miner</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>free miner</u>			
	10. Date deceased last worked at this occupation (month and year) <u>12. 30</u>			
				11. Total time (years) spent in this occupation <u>25</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Weir City, Missouri</u>				
FATHER	13. NAME <u>John Marshall</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jackson Co. Mo.</u>			
MOTHER	15. MAIDEN NAME <u>Rebecca Holcomb</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
17. INFORMANT <u>Edna Potter</u> (ADDRESS) <u>Jasper Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Coal Junction Mo</u> DATE <u>May 26 1938</u>				
19. UNDERTAKER <u>Boone Mass Co.</u> (ADDRESS) <u>Coal Junction Mo</u>				
20. FILED <u>May 25 1938</u> <u>C.W. Rowley</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25 1938

22. I HEREBY CERTIFY, That I attended deceased from May 24 1938 to May 25 1938
 I last saw him alive on May 24 1938 Death is said to have occurred on the date stated above at 12 m.
 The principal cause of death and related causes of importance were as follows:
Tuberculosis Pulmonary
 Date of onset Several years ago about 1934

Other contributory causes of importance: 22

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? Yes
 If so, specify mining
 (Signed) O. L. Alberty M. D.
 (Address) Coal Junction Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

