

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.

DEC 31 1928

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

Do not use this space.

30426

1. PLACE OF DEATH

County Howell
Township Howell
City Chicago (No.)

Registration District No. 384
Primary Registration District No. 5-135-

File No. 108
Registered No.
St. Ward)

2. FULL NAME

Lewis Henry Marshall
(a) Residence, No. Chicago St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, (WIDOWED OR DIVORCED) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF N.E. Marshall

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 28 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64 7 —

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)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Madison
(STATE OR COUNTRY) Indiana

10. NAME OF FATHER Marshall

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY)

14. INFORMANT G.A. Marshall
(Address) West Plains Mo

15. FILED 11-5-28 O.P. Heinrich
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 28th 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct. 28th, 1928, to Oct. 28th, 1928.
that I last saw him alive on Oct. 28th, 1928, and that death occurred, on the date stated above, at 10:45 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Cardiac Dilatation.

97
95B 30 minutes.
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterio-sclerosis with high blood pressure some years.
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no. DATE OF

WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) A.H. Thornburgh M. D.
10/30/28 (Address) West Plains, 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 Langston Cemetery DATE OF BURIAL Oct 29 1928

20. UNDERTAKER W.C. Farland Undertaker ADDRESS West Plains

