

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.

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

Do not use this space.

28783

1. PLACE OF DEATH

County Saline

Registration District No. 796

Township

Primary Registration District No. 3038

City Marshall, Mo.

File No.

Registered No. 115

St. Ward)

2. FULL NAME

(a) Residence. No. 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 <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug. 25-1930</u>		
7. AGE	YEARS	MONTHS
		DAYS
		5
If LESS than 1 day, hrs. or min.		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Marshall, Mo.
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Rufus Gorham</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Saline Co.</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Edith Gikson</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Saline Co.</u> (STATE OR COUNTRY)

14. INFORMANT Rufus Gorham
(Address) Marshall, Mo.

15. FILED 9-6-1930 Mrs. John H. McGuire
REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 30 1930

17. I HEREBY CERTIFY, That I attended deceased from 8-29 1930 to Aug 30 1930, and that I last saw him alive on Aug 29 1930, and that death occurred, on the date stated above, at Aug 11 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Marasmus
158 (duration) yrs. mos. 2 ds.
CONTRIBUTORY (SECONDARY) 160 (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?

(Signed) H. H. Webb, M. D.
8-30 1930 (Address) Marshall, 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

DATE OF BURIAL

Fairview Cemetery Sept 1 1930

20. UNDERTAKER

ADDRESS

R. Robbins Marshall, Mo.

