

MAR 15 1937

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

Do not use this space.

1. PLACE OF DEATH

2 County Dickson Registration District No. 26
4 Township Dickson Primary Registration District No. 3002
7 City Mexico mo (No. Aschmann Hospital)
File No. 4862
Registered No. 30
St. _____ Ward _____

2. FULL NAME

Thomas H. Marshall
(a) Residence, No. 1009 - S Jefferson 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12, 1954

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 2 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank
10. Date deceased last worked at this occupation (month and year) 7-9-35 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waverton mo.

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis mo

17. INFORMANT (ADDRESS) St. Louis mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mexico City DATE 2-15-37

19. UNDERTAKER (ADDRESS) H. G. ...

20. FILED 2-16-37 Blanche Neely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15th 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1937, to Feb 15, 1937

I last saw him alive on Feb 15, 1937 Death is said to have occurred on the date stated above, at 6 P. m.

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

Intestinal obstruction, chronic (Most probably from spiculae impacted) Date of onset _____

Other contributory causes of importance: Obstinate Constipation
General Arterio Sclerosis

Name of operation NO 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? T Date of injury T, 1937

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 T

Nature of injury T

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify _____

(Signed) N R Rhodes M. D.

(Address) Mexico mo

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.

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY

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