

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

Do not use this space.

36915

1929

**1. PLACE OF DEATH**

County Greene Registration District No. 318  
 Township Springfield Primary Registration District No. 2001  
 City Springfield (No. 1000)

File No. 861  
 Registered No. 861  
 St.        Ward       

**2. FULL NAME** James William Marshall

(a) Residence No. Hardy 225 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary & Marshall

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 30-1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
79 2 24

8. OCCUPATION OF DECEASED Farmer  
 (a) Trade, profession, or particular kind of work  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

10. NAME OF FATHER Allen Marshall

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

12. MAIDEN NAME OF MOTHER Charlotte Beaufort

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

14. INFORMANT (Address) Walter Marshall  
Springfield Mo

15. FILED 24 1929 For Sharp REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 24 1929

17. I HEREBY CERTIFY That I attended deceased from 11-20-29 to 11-24-29  
 that I last saw him alive on 11-24-29 and that death occurred, on the date stated above, at 310 PM

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Accident (Auto)  
Driving Truck which  
Struck Over Near  
Republic Mo  
 CONTRIBUTORY Shoulder & Jaw Broken  
 (SECONDARY)  
Internal injuries

18. WHERE WAS DISEASE CONTRACTED (IF NOT AT PLACE OF DEATH) 218

19. DID AN OPERATION PRECEDE DEATH? no DATE OF         
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Ray & Clinial  
Thompson M. D.  
 (Address) 410 N E Canal

\*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 Residence DATE OF BURIAL Nov 26 1929

20. UNDERTAKER Blair Partnership ADDRESS Hardy 245

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