

# Certificate of Death

**This is to certify** that the following particulars of Death have been recorded in the Office of the District Registrar of Births, Deaths, and Marriages.

Name of Deceased.....KENNETH WAYNE MARSHALL.....  
Date of Death.....2/19/2005.....Sex.....Male.....  
Place of Death.....Cityville General Hospital.....  
Date of Birth.....5/24/1950.....Age.....55.....  
Place of Birth.....Cityville, U.S.A.....  
Residence.....255 Elm Street, Cityville, U.S.A.....  
Occupation.....Architect.....Condition.....Married.....  
Name of Father.....Walter Marshall.....  
Maiden Name of Mother.....Gertrude Brown.....  
Cause of Death.....METASTATIC NON-SMALL CELL LUNG CANCER.....  
Contributory.....CIGARETTE SMOKING.....  
Doctor in attendance at Death.....Marilyn K. Beck.....  
Name of Undertaker.....Steven B. Anderson.....



Under my hand on this .....24th.....  
day of .....February....., .....2005.....

*R. J. Williams*

District Registrar, Births, Deaths, and Marriages

D 564349