

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.

PLACE OF DEATH

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

County Franklin Registration District No. 294 File No. 9239  
 Township St. Clair or Village St. Clair Primary Registration District No. 4178 Registered No. 9  
 City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Unnamed Murray

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE Negro SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) \_\_\_\_\_

DATE OF BIRTH April 15th 1910  
 (Month) (Day) (Year)

AGE Born dead If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?  
 yrs. \_\_\_ mos. \_\_\_ ds.

OCCUPATION (a) Trade, profession, or particular kind of work \_\_\_\_\_  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

BIRTHPLACE (City or town, State or foreign country) St. Clair Mo

PARENTS  
 NAME OF FATHER Charles Alton Murray  
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Franklin Co Mo  
 MAIDEN NAME OF MOTHER Bertha Annie Generally  
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Franklin Co Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) C. F. Priegleb

(ADDRESS) St. Clair, Mo.

Filed Apr 16 1910 W. E. Mitchell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 15th 1910  
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_ 1910, to \_\_\_\_\_ 1910, that I last saw h. alive on \_\_\_\_\_ 1910, and that death occurred, on the date stated above, at \_\_\_\_\_ m.  
 The CAUSE OF DEATH\* was as follows:

Stillborn  
"Stillborn"  
No Care (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

(Signed) C. F. Priegleb, M.D. M. D.  
April 15 1910 (Address) St. Clair Mo

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
 At place of death \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. In the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.  
 Where was disease contracted if not at place of death \_\_\_\_\_  
 Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Religious - presumed DATE OF BURIAL \_\_\_\_\_ 1910  
 UNDERTAKER None ADDRESS \_\_\_\_\_

