

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

Do not use this space.

19987

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City..... (No.)

File No.....

Registered No. 5751

St.

Ward

2. FULL NAME *Ethel Murray*

(a) Residence No. *313 2 Burney St.* St. *16* 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.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

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

Joseph J. Murray

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

June 10 - 1884

7. AGE

YEARS *43*

MONTHS

—

DAYS

11

IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

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

11

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

James J. Looney

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

May Gibbons

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

14.

INFORMANT

Blasie M. Cugnet

(Address)

3132 Burney Ave.

15.

FILED

22 1927

19

May 6 Starceoff

REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *June 21 1927*

17. I HEREBY CERTIFY, That I attended deceased from *4th* of *June*, 19.27, to *June 21*, 19.27 that I last saw her alive on *June 20th*, 1927, and that death occurred, on the date stated above, at *4:30 A.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Collapse from bursting of ovarian cyst for Malignant

(duration) — yrs. — mos. — da.

CONTRIBUTORY (SECONDARY)

Ovarian cysts (duration) *3* yrs. — mos. — da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

18 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *Dr. F. Swantees*, M. D.

6/22 1927 (Address) 2093 Railway Exp Bld.

*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

Lakewood Park Cem.

June 23 1927

20. UNDERTAKER

Hauch & Schmitt

ADDRESS

373 2 S. Grand

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.

Swanley
2093 Dy Ex