OCT 25 1927

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

Do not use this space.

26641

1. PLACE OF DEATH
County Caldwell
Township Grant
City Polo
Registration District No. 99
Primary Registration District No. 4061
(No. ..... St. ..... Ward)
File No. 18
Registered No.

2. FULL NAME Stella Murdock.
(a) Residence. No. ..... 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: 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 16 1891

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
36	00	27	

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) ✓
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay County Mo.

PARENTS
10. NAME OF FATHER Elijah L Thomas
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) New York
12. MAIDEN NAME OF MOTHER Alwilda Peebles
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo.

14. INFORMANT Mrs E L Thomas
(Address) Polo Mo

15. FILED Oct 27 1927 O C Mount
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 13 1927

17. I HEREBY CERTIFY, That I attended deceased from May 5, 1927, to Sept. 13, 1927, that I last saw h.e.r. alive on Sept. 12, 1927, and that death occurred, on the date stated above, at 7 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
24A
139B Tubercular Meningitis
32A (duration) 3 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Diseased ovary & uterus
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? unknown
DID AN OPERATION PRECEDE DEATH? yes DATE OF May 21, 1927
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Finding tubercule Bacillus
(Signed) John A Lown, ~~M.D.~~ Co.
9/14, 1927 (Address) Polo, Mo.

*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: Knoxville Mo. Cem.
DATE OF BURIAL: Sep 15 1927
20. UNDERTAKER: Alspaugh + Cowley
ADDRESS: Polo. 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.