

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

Do not use this space.

32334

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **5516 Maple Ave.**)..... St. Ward (No.)

2. FULL NAME

Matthew A. Muratta
 (a) Residence No. **#5516 Maple Ave.** 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 **Helen E. Muratta**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Sept 3 - 1870**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	57	1	27	

8. OCCUPATION OF DECEASED **Charge of 117 Mach Dept 12**
 (a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer) **Atkins R.R. System**
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Springfield**
 (STATE OR COUNTRY) **Ky.**

10. NAME OF FATHER **Sylvester Muratta**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Ky.**
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Susan, (Unknown)**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Kentucky**
 (STATE OR COUNTRY)

14. INFORMANT **Mr H. H. Pool**
 (Address) **#3146 Michigan Ave**

15. FILED **OCT 31 1927** **Max B. Starosoff**
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Oct 30 1927**

17. I HEREBY CERTIFY, That I attended deceased from **Oct 25th**, 19**27**, to **Oct 30**, 19**27**
 that I last saw him alive on **Oct 30**, 19**27**, and that death occurred, on the date stated above, at **7** am.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
peritonitis (diffuse)
caused by perforating duodenal ulcer
 (duration) **7** yrs. mos. ds.

CONTRIBUTORY **duodenal ulcer**
 (SECONDARY) (duration) **1** yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **Ill**
 IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? **no** DATE OF **—**
 WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS **General Evidence picture of A. Peake**, M. D.
 (Signed)

*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 **Springfield, Mo.** DATE OF BURIAL **11-1-27**

20. UNDERTAKER **J. R. Rupton** ADDRESS **Street #444**

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.

THIS IS A PERMANENT RECORD

" Henry "