

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

Do not use this space.

35165

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis

(No. 5125, Lotus or Ward)

File No. ....

Registered No. 10340

St. .... Ward

**2. FULL NAME**

Margaret Murray

(a) Residence No. .... St. 61 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)**

single

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

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

Unknown 1857

**7. AGE**

YEARS

MONTHS

DAY

IF LESS than 1 day, hrs. or min.

abt. 70

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**8. OCCUPATION OF DECEASED**

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

at Home

(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)

Illa

**10. NAME OF FATHER**

Peter Murray

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Ireland

**12. MAIDEN NAME OF MOTHER**

Mary Mc Linn

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Ireland

**14.**

INFORMANT

(Address)

Mollie Murray  
5125 Lotus

**15.**

NOV 18 1927

FILED

Max B. Starckoff  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

11/15 1927

**17.**

I HEREBY CERTIFY, That I attended deceased from Sept. 1926

that I last saw 11/15 alive on 11/15/27 and that death occurred, on the date stated above, at 11:05 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Acute Myocarditis

**CONTRIBUTORY (SECONDARY)**

Cirrhosis of liver  
non alcoholic (duration) 1 yrs. 3 mos. - da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF 11/15/27

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam

(Signed) Geo W. Leman, M. D.

11/17, 1927 Address 2532 Washington Rd

\*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

Cemetery

11-19 1927

**20. UNDERTAKER**

Arthur J. Donnelly

ADDRESS

2039 Wash St

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.

G.W. Treman

3532 Washington

London 4056

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