

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.

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

Do not use this space.

12737-a

1. PLACE OF DEATH

County Crawford Registration District No. 1113 File No. 1
Township Adair Primary Registration District No. 5317 Registered No. 7
City on Mill Creek (No.) St. Ward)

2. FULL NAME

Martha Jane Murry
(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. 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) Widow
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 18 1856
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 72 years Six 16
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Keeping
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN) Crawford County (STATE OR COUNTRY) State of Md
10. NAME OF FATHER James Harris
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Crawford County, Mo
12. MAIDEN NAME OF MOTHER Elizabeth Martin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Crawford Co Mo

14. INFORMANT Edith Williams (Address) 1011 S. 11th St. St. Louis, Mo
15. FILE July 8 1928 Harry Hedley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 3 1928
17. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....
that I last saw h..... alive on, 19....., and that death occurred, on the date stated above, at, m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Decl. not see her only after death supposed to be pneumonia.
(duration), yrs. mos. 10 da.
CONTRIBUTORY (SECONDARY) 10.15
(duration), yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) M. J. P. ... M. D.
, 19 (Address) St. Louis, 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 Martin Cemetery DATE OF BURIAL 4/4 1928
20. UNDERTAKER L. J. James St. Louis, Mo ADDRESS

other by
persons.

PROPERTY AND FINANCIAL STATEMENT OF THE COMPANY
AND THE TAXES THEREON

STATE OF NEW YORK

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Crawford Registration District No. 1113 File No. _____
 Township Osage Primary Registration District No. 5317 Registered No. 7
 City _____ No. _____ St. _____ Ward _____

2. FULL NAME

Martha Jane Murray
 (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 ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) W

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

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

10. NAME OF FATHER _____

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

12. MAIDEN NAME OF MOTHER _____

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

14.

INFORMANT _____
 (Address) _____

15.

FILED 7-8-28 Harry Hedley
 REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 3 1928
 17. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____ that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date and above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

did not see her only after death supposed to be pneumonia
 (duration) yrs. mos. ds. _____

CONTRIBUTORY (SECONDARY) _____
 (duration) yrs. mos. ds. _____

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) Dr. Parker, M. D.
 _____, 19____ (Address) St. Louis, 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 _____ DATE OF BURIAL _____

20. UNDERTAKER _____ ADDRESS _____

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

