

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.

23415

1. PLACE OF DEATH  
 County Dent Registration District No. 266 File No. \_\_\_\_\_  
 Township Springfield Primary Registration District No. 4164 Registered No. 36  
 City Salina (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Alexander Thomas Mc Murtry, M.D.  
 (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 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 Dr. Amy Bradford

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 18 - 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
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8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Doctor, M.D.  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Stendersonville  
 (STATE OR COUNTRY) Del. Ohio

10. NAME OF FATHER William Mc Murtry

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Jefferson Co., Mo  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Jan Collins

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

14. INFORMANT Meigs Mc Murtry  
 (Address) St. Louis Mo.

15. FILED 7/29, 1928 D. J. Mc Murtry  
Assistant REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 27 1928

17. I HEREBY CERTIFY, That I attended deceased from July 27 1928 to July 27 1928 that I last saw him 6 days alive on 27 July, 1928, and that death occurred, on the date stated above, at 3-am m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Angina Pectoris  
94A (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) about 5-  
 (duration) yrs. mos. da.

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

19. DID AN OPERATION PRECEDE DEATH \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS None  
 (Signed) J. C. Wetcher - K.S., M.D.  
 (Address) \_\_\_\_\_

\*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 Cedar Grove DATE OF BURIAL 7/29 1928

20. UNDERTAKER Carl K. Brown ADDRESS Salina Mo

