

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

Do not use this space.

1. PLACE OF DEATH

County Franklin Registration District No. 314 File No. 26978
 Township Cochran Primary Registration District No. 4190 Registered No. 71
 City Stouber (No.) St. (Word)

2. FULL NAME

Edna Kathryn 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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 27 - 1927

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	1	3	10	

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) Stouber Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Ed. Murry

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

12. MAIDEN NAME OF MOTHER Jennie Law

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

14. INFORMANT Ed. Murry
 (Address) Stouber Mo

15. FILED 8/31 1928 C. B. Bennett
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 7 1927

17. I HEREBY CERTIFY, That I attended deceased from Dead when brought to my office
 that I last saw h. a. alive on, 19... of the death occurred, on the date stated above, at 9. 2 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Drowned by accidently falling into gas pit
Water 18 3/4
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 18 3/4
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....
 DID OPERATION PRECEDE DEATH?..... DATE OF.....
 WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Gas. A. Crockett, M. D.
Aug 18, 1928 (Address) Stouber, 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 High Ridge Stouber Mo DATE OF BURIAL 8/9 1928

20. UNDERTAKER Labor of Phillips ADDRESS Stouber

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1928-8/7
1927-4 27
1923-10