OCT 22 1928

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

Do not use this space.

32731

1. PLACE OF DEATH
County Bollinger
Township
City Patton (No. ..... St. ..... Ward)
Registration District No. 08
Primary Registration District No. 5101
File No.
Registered No.

2. FULL NAME Cordelia 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 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)

7. AGE Years 70 Months 11 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) Bollinger Co.
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Benett Murray
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Madison Co.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Ann Spencer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Madison Co.
(STATE OR COUNTRY)

14. INFORMANT
(Address)

15. FILED 11/10, 19..... Sarah Kelling REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 8th 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 16th, 1928, to Oct 8th, 1928 that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 2 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Insufficiency
9 Z.
(duration) several yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 90A
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) S C Slaughter, M. D
Oct 8, 1928 (Address) Fredericktown 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 Cross Roads
DATE OF BURIAL Oct 9 1928

20. UNDERTAKER John Doggett
ADDRESS Patton Mo

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.