

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

Do not use this space.

1. PLACE OF DEATH

County Franklin
Township Arcades
City Arcades (No. St. Ward)

Registration District No. 391
Primary Registration District No. 5546a

File No. 33439
Registered No. 44

2. FULL NAME Annie 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. 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) Oct. 28-1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
58 - - -

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Franklin County, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER John Murray

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

12. MAIDEN NAME OF MOTHER Marquette McCu

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not Known
(STATE OR COUNTRY)

14. INFORMANT Charles E. Evans
(Address) Arcades, Mo.

15. FILED 10/30, 1928 Robert A. Rasche
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 28 1928

17. I HEREBY CERTIFY That I attended deceased from Oct 21, 1928, to Oct 28, 1928, and that I last saw him alive on Oct 28, 1928, and that death occurred, on the date stated above, at 5:10 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes Mellitus

57 57 (duration) yrs. mos. da.
111 P.

CONTRIBUTORY Constriction of right lung
(SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH. no. DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Edward J. G. Parsonhouse, M. D.

10/30, 1928 (Address) Prouton 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 Pilot Knob Catholic Cndy DATE OF BURIAL Oct. 29, 1928

20. UNDERTAKER W. Little ADDRESS Prouton, Mo.

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

R. E.—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.

NOV 21 1928

