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.

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

Do not use this space.

3,481

1. PLACE OF DEATH

County Jackson — Registration District No. ..... — File No. .....

Township Kaw — Primary Registration District No. ..... — Registered No. 13

City Kansas City (No. 2007 E 35th St. ..... St. ..... Ward)

2. FULL NAME James Casey Murray

(a) Residence. No. 2007 E 35th St., 13 Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. - mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 11 1836

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
92	6	21	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) Farmer

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Near Excelsior (STATE OR COUNTRY) Springs, Clay Co. Mo.

PARENTS

10. NAME OF FATHER Robert Glenn Murray

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

12. MAIDEN NAME OF MOTHER Rebeca Skidmore

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

14. INFORMANT Mrs Harry Orr (Address) 2007 E 35th St, Kansas City Mo

15. FILED 10/2 1928 M. M. Crowe Assr REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 2nd 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 23rd, 1928, to Oct 2nd, 1928 that I last saw him alive on Sept 28, 1928, and that death occurred, on the date stated above, at 1.15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Arterio-sclerosis 97

918

(duration) 1+ 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? Clinical

(Signed) Emil Theilmann, M. D

Oct 2, 1928 (Address) 321 Altman Bldg, K.C., 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: Kingston, Mo. — DATE OF BURIAL: Oct 4 1928

20. UNDERTAKER: Alspaugh + Cowley — ADDRESS: Polo, Mo.