AUG 26 1929

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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.

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

Do not use this space.

25017

1. PLACE OF DEATH
County Jefferson — Registration District No. 420 — File No.
Township Valle — Primary Registration District No. 5574 — Registered No. 7[illegible] 72
City [illegible] (No. ..... St. ..... Ward)

2. FULL NAME Monroe Murry.
(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 1 yrs. 6 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: W
4. COLOR OR RACE: M.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widow.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Mary Geraker (Murry)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 6 - 1878

7. AGE: 51 YEARS — MONTHS: 0 — DAYS: 6. — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer 92F
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fredrick town Mo.

PARENTS
10. NAME OF FATHER: Joshua Murry.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Nancy Townsend
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Fredrick town Mo

14. INFORMANT: E. H. Webb.
(Address): Fredrick town Mo.

15. FILED 7/25, 1929 D. L. Ruggly REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-23. 1929

17. I HEREBY CERTIFY, That I attended deceased from July 1 — 1929, to July 7 1929 that I last saw him alive on July 1 1929, and that death occurred, on the date stated above, at 4 30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral regurgitation of heart

(duration) about 30 yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Walter E. Gibson, M. D
July 24 1929 (Address) De Soto, 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: Fredrick town Mo.
DATE OF BURIAL: 7-26 1929.

20. UNDERTAKER: E. H. Webb.
ADDRESS: Fredrick town Mo.