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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kan — Primary Registration District No. 1002
City K.C. (No. St Joseph Hosp St. 4264 Ward)
File No. 33812
Registered No.

2. FULL NAME Mrs Julia E Murray
(a) Residence. No. 3440 Wabash ave St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 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: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: L.B. Murray

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 20th 1851

7. AGE: 78 YEARS, 4 MONTHS, 24 DAYS. If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at Home
(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): Mo

PARENTS
10. NAME OF FATHER: P.S. Baker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn
12. MAIDEN NAME OF MOTHER: Virginia Cragg
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): No Data

14. INFORMANT: L.B. Murray
(Address) 2819 Campbell St

15. FILED 10/15, 1929 M. M. Crowe asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 10-14 1929

17. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19.., to ....., 19.., that I last saw h..... alive on ....., 19.., and that death occurred, on the date stated above, at ....m.

210 M THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental automobile Laceration. K.C. Mo
(Linwood & Olive) (duration) ....yrs. ....mos. ....ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 185 215
0 DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? history & inspection
(Signed) Stanley M Hall, M. D.
10/15, 1929 (Address) Deputy Coroner

*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: Warrensburg Mo — DATE OF BURIAL: 10/16/29 19

20. UNDERTAKER: W. F. Mayberry NC — ADDRESS: Bity Mo

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.

5 8 - 235