

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

Do not use this space.

370

7-26-1029  
5-60

137631

PLACE OF DEATH  
County Knos Registration District No. \_\_\_\_\_ File No. \_\_\_\_\_  
Township Shelton Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
City Hurdston, near Landisville St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Charles Monroe Murray  
(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
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 Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (writ, the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Married

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 11 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
72 6 2

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

9. BIRTHPLACE (CITY OR TOWN) Madison west Point  
(STATE OR COUNTRY) Iowa

10. NAME OF FATHER Hiram Murray

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

12. MAIDEN NAME OF MOTHER Nancy Martin

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

14. INFORMANT Gay Murray  
(Address) Hurdston Mo.

15. FILED 11/6 1929 Ms G G Litson  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 12 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 6 1929, to Nov 12 1929, that I last saw him alive on Nov 12 1929, and that death occurred, on the date stated above, at 6:45 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
73C Myocarditis  
16290 B (duration) 5 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

CONTRIBUTORY (SECONDARY) Smoking  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH? At home

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

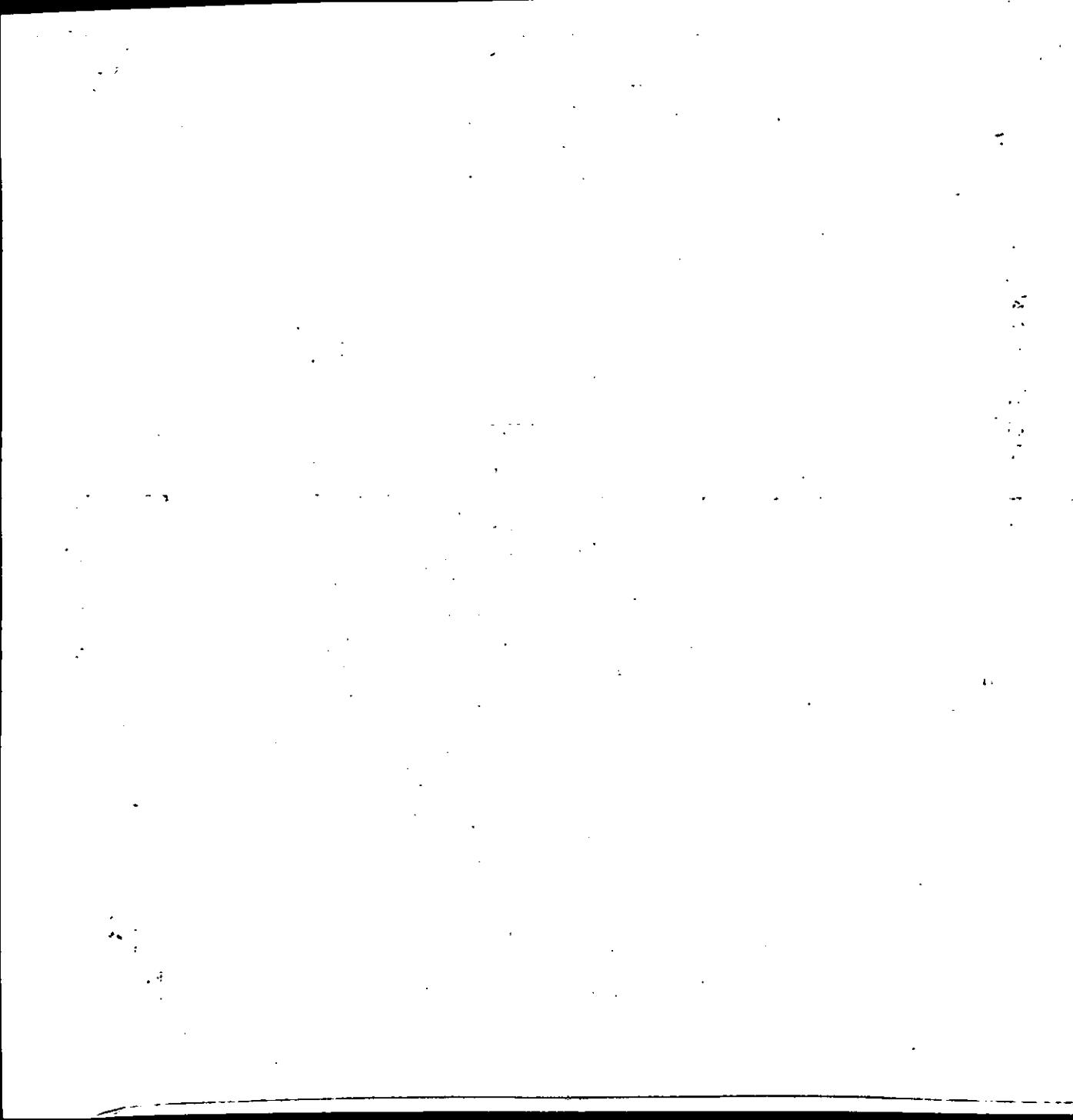
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? ✓  
(Signed) C. G. Litson, M. D.  
, 19 (Address) North 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 Brookcrest Hill DATE OF BURIAL 11/14 1929  
Brothers & Irwin

20. UNDERTAKER Brothers & Irwin ADDRESS North Mo.



**MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Knott Registration District No. 1029 File No. 95  
 Township Shelton Primary Registration District No. 5602 Registered No. 95  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Charles Monroe 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 11 - 1857

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
72 6 1

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

9. BIRTHPLACE (CITY OR TOWN) West Point  
 (STATE OR COUNTRY) Tenn

10. NAME OF FATHER William Murray

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

12. MAIDEN NAME OF MOTHER Novelty Martin

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

14. INFORMANT Lucy Murray  
 (Address) Hardsland Mo.

15. FILED 1/8 1930 Mattie Howerton  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 12 1929

17. I HEREBY CERTIFY That I attended deceased from Nov 12 1929 to Nov 12 1929 that I last saw him alive on Nov 12 1929 and that death occurred, on the date stated above, at 6:45 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

myocardial  
 (duration) 5 yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) Senility  
 (duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH at home

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) C. C. Gibson, M. D.  
 , 19 (Address) Novelty 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 Forest Hill DATE OF BURIAL 11/14 1929

20. UNDERTAKER Brothers & Dammiger ADDRESS Novelty

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

CAUSE OF DEATH IN plain terms, so that it may be understood by laymen.

84

S-37631

RECEIVED  
FEDERAL BUREAU OF INVESTIGATION  
U. S. DEPARTMENT OF JUSTICE  
WASHINGTON, D. C.

NOV 19 1954

[Faint, mostly illegible text from a document, possibly a letter or report, with some words like "RECEIVED" and "FEDERAL BUREAU OF INVESTIGATION" visible.]