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

Do not use this space.

38240

1. PLACE OF DEATH
County St Louis Registration District No. 784
Township St. Ferdinand Primary Registration District No. 6030
City (No. R.F.D. #3 Florissant Mo. St. Ward)

File No.
Registered No.

2. FULL NAME Thomas Murray
(a) Residence. No. R.F.D. #3 Florissant Mo. 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: 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 Elizabeth Murray

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 21, 1847

7. AGE: YEARS 82 MONTHS 4 DAYS 24 If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer None

9. BIRTHPLACE (CITY OR TOWN) Troy
(STATE OR COUNTRY) New York

PARENTS
10. NAME OF FATHER Not Known
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not
(STATE OR COUNTRY) Known
12. MAIDEN NAME OF MOTHER Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Not Known

14. INFORMANT Robert Murray
(Address) 3931 Gravois

15. FILED Nov 20th, 1929 O. N. Schudde REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 15 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1929, to Nov. 15, 1929 that I last saw him alive on Nov. 13, 1929, and that death occurred, on the date stated above, at 2.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Croupous Pneumonia

1 DK (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 101 W (duration) yrs. mos. 4 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?
(Signed) J. J. Millmann, M. D.
11-15, 1929 (Address) Florissant 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: Valhalla
DATE OF BURIAL: Nov 18 1929

20. UNDERTAKER: Akron L & Co. 2707 N Grand
ADDRESS

23 96 29 2 31

...AGE should be stated EXACTLY. PHYSICIANS should state ... DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.