

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

Do not use this space.

5037

**1. PLACE OF DEATH**

County Jackson  
Township Law  
City Lawrence

Registration District No. 300  
Primary Registration District No. St. Mary's

File No. \_\_\_\_\_  
Registered No. 311A  
St. \_\_\_\_\_ Ward

**2. FULL NAME**

John W. Murray  
(a) Residence No. 4309 Tracy St., 15 Ward.

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 5, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
60 5 9

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Retired Ex. Messenger  
(b) General nature of industry, business, or establishment in which employed (or employer) Am. Ry. Ex. Co.  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leam.

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs. Ida Murray  
(Address) 4309 Tracy

15. FILED 1/4 30 m.m. Group REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 14 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1930, to Feb. 14, 1930, that I last saw him alive on Feb. 12, 1930, and that death occurred, on the date stated above, at 4:30 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Primary Carcinoma of Biliary Passages (cystic duct)

440 (duration) 1 yrs. 0 mos. 0 ds.  
CONTRIBUTORY (SECONDARY) Tuberculosis to lungs  
4th lung (duration) 2 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH 4309 Tracy 1869?

DID AN OPERATION PRECEDE DEATH? No. DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy findings  
(Signed) J. C. Leachle, M. D.  
2-14 1930 (Address) 1001 Chamberlayne

\*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 Int. Monach DATE OF BURIAL Feb. 15 1930

20. UNDERTAKER S. H. Newcomer's ADDRESS Saint Charles

501 2 105

1081 Chamberlain

Jan 50 37.

1:30 - 5