

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.

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

Do not use this space.

7748

1. PLACE OF DEATH

County Buchanan
Township St. Joseph
City St. Joseph

Registration District No. 85Primary Registration District No. 1001

File No. _____

Registered No. 290

St. _____ Ward) _____

2. FULL NAME

(a) Residence. No. 1127 Powell 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. 4 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F.

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

E. F. Abbott

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

July 19 - 1868

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.

61918

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Worthena

(STATE OR COUNTRY)

Kansas

10. NAME OF FATHER

Harry Murrah

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ky.

12. MAIDEN NAME OF MOTHER

Caroline Vignus

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ky.

14.

INFORMANT

E. F. Abbott

ADDRESS

1127 Powell St. St. Joseph

15.

FILED

10 1930John J. Cox

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

March 7th 1930

17.

I HEREBY CERTIFY, That I attended deceased from Feb 15th, 1929, to March 7th, 1930, and that I last saw him alive on March 7th, 1930, and that death occurred, on the date stated above, at 10:00 - p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage82A97

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Cerebral Arteriosclerosis

(duration) yrs. mos. 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) C. D. Dewey M. D.
3/8 30 St. Joseph's Hosp. No 2

*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

Lawa Point Mass

DATE OF BURIAL

3/10 1930

20. UNDERTAKER

J. L. Stiering

ADDRESS

216 So 10th

for you 6010.