

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

Do not use this space.

38774

1. PLACE OF DEATH

County Carroll
Township Ridge
City ~~Carroll~~ (No.)

Registration District No. 134
Primary Registration District No. 5186

File No.
Registered No. 24
St. Ward)

2. FULL NAME Stella Catherine 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 F	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) DEC. 4th 1930		
7. AGE	YEARS	MONTHS
		5
If LESS than 1 day, hrs. or min.		

8. OCCUPATION OF DECEASED **X**

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

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

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Carroll CO.
(STATE OR COUNTRY) MO.

PARENTS

10. NAME OF FATHER Carl Murray

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

12. MAIDEN NAME OF MOTHER Ruby Harwood

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

14. INFORMANT Carroll Murray
(Address) Bosworth, MO.

15. FILED Dec 12 30 Mrs. Ross Brown
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **DEC. 9th 1930**

17. I HEREBY CERTIFY, That I attended deceased from 1930 to 1930
that I last saw him live on Dec 9 1930 and that death occurred, on the date stated above, at 3 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
unknown
158

CONTRIBUTORY (SECONDARY) nutrition
(duration) yrs. mos. ds. 5ds.

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. Brown, M.D.
, 19 (Address) Bosworth

*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 Elizabeth Cemetery
DATE OF BURIAL 12/10 30
19

20. UMBERTAKER Louis Reginald Bosworth
ADDRESS 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.

JAN 19 1931

1942