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.

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan. Registration District No. 85 File No. 259

Township Primary Registration District No. 1001 Registered No. 76

City St. Joseph (No. 514 South 20 Street St. Ward)

2. FULL NAME Dennis Murray

(a) Residence. No. 514 South 20 St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 2, 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	74	7	16	

8. OCCUPATION OF DECEASED
(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) Brooklyn
(STATE OR COUNTRY) New York

PARENTS

10. NAME OF FATHER Garrett Murray

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

12. MAIDEN NAME OF MOTHER Johannah Mullins

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

14. INFORMANT Mrs M.C. Penning
(Address) 514 So. 20 St.-St. Joseph Mo.

15. FILED JAN 19 1931, 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 19 19 31

17. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1931 to Jan 19, 1931 that I last saw him alive on Jan 18, 1931, and that death occurred, on the date stated above, at 3/10 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial pneumonia

107 A (duration) yrs. mos. hr. ds.

CONTRIBUTORY (SECONDARY) 107a (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? clinical

(Signed) L C Bauman, M. D.

Jan. 18, 1931 (Address) Kirkpatrick Bldg St Jos 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 Mt. Olivet Cemetery

DATE OF BURIAL Jan. 21 1931

20. UNDERTAKER H. C. Sidenfaden

ADDRESS 1802 Union St.