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.

5480

1. PLACE OF DEATH

County Jackson — Registration District No. ..... — File No. 567

Township Kaw — Primary Registration District No. ..... — Registered No. .....

City Kansas City (No. 3332 Montgall St. ..... Ward)

2. FULL NAME Samuel Murray

(a) Residence. No. 3332 Montgall 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: Male
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 Jane Jardine Murray

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 18, 1860

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
71	0	17	

8. OCCUPATION OF DECEASED

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

(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 Robert Murray

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

12. MAIDEN NAME OF MOTHER Jane Jardine Murray

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

14. INFORMANT W C Murray
(Address) Coronado Apartments

15. FILED 2/6, 1931 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feby. 5, 1931

17. I HEREBY CERTIFY, That I attended deceased from July, 1930 to Feb 5, 1931, that I last saw him alive on Feb 5, 1931, and that death occurred, on the date stated above, at 7:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of rectum with metastasis.

(duration) 3? yrs. mos. ds.

CONTRIBUTORY (SECONDARY) none

(duration) yrs. mos. ds.

4610

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

DID AN OPERATION PRECEDE DEATH? Yes. DATE OF Oct-1929

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Operation

(Signed) Herbert Tuthill, M. D

Feb 6, 1931 (Address) 1125 Rialto Bldg

*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 Moriah Cemetery — DATE OF BURIAL 2-7-1931

20. UNDERTAKER Steve & McClure — ADDRESS 3235 Gillham Plaza