

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

Do not use this space.

6319

**1. PLACE OF DEATH**

64 County Marion Registration District No. 54  
1 Township Mason Primary Registration District No. 3229  
8 City Hannibal (No. 1014 Vermont) St. 5th Ward

File No. \_\_\_\_\_  
Registered No. 62  
St. 5th Ward

**2. FULL NAME**

Beatrice Russ Murphy  
(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 Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-24-1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
24 11 2

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work House Wife  
(b) General nature of industry, business, or establishment in which employed (or employer) 335  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Hannibal (STATE OR COUNTRY) Mo

10. NAME OF FATHER Louis Russ

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

12. MAIDEN NAME OF MOTHER Anna Utegrove

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

14. INFORMANT Jesse Utegrove (Address) 1014 Vermont

15. Filed 231 8 Cousin

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-26 1931

17. I HEREBY CERTIFY, That I attended deceased from 11:30 a.m. Nov 25 1930 until 26 1931 that I last saw her alive on 27/26/31 1931, and that death occurred, on the date stated above, at 11:30 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Pulmonary Tuberculosis  
231  
(duration) yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)**

(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? (0)

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) H. W. Meach M. D.

2/28/31 (Address) Hannibal 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 DATE OF BURIAL

Robinson Cem. 3/1 1931

20. UNDERTAKER ADDRESS

Geo E Roberts Hannibal

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.

APR - 4 1931

