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

Do not use this space.

File No. 10806
Registered No. 17

1. PLACE OF DEATH
County: Moniteau
Township: Walker
City: California (No. ..... St. ..... Ward)

Registration District No. 571
Primary Registration District No. 4335

2. FULL NAME: John Franco Murry
(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.

APR 24 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 4 - 1903
7. AGE: Years 27 | Months 6 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Moniteau Co
PARENTS
10. NAME OF FATHER: W. Murry
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Moniteau Co
12. MAIDEN NAME OF MOTHER: Elizabeth Althof
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Moniteau Co
14. INFORMANT: Mrs John Murry
(Address): California Mo
15. FILED: 3/20 1931 Jas. M. Roth O.D.S. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 18 1931
17. I HEREBY CERTIFY, That I attended deceased from 3/7 1931, to 3/18 1931, that I last saw him alive on 3/15 1931, and that death occurred, on the date stated above, at 7:15 p.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Encephalitis
10 HR
7 DB
(duration) ..... yrs. ..... mos. 1 ds.
CONTRIBUTORY (SECONDARY): Sinusitis
Several years (duration) ..... yrs. ..... mos. ..... ds.
18. WHERE WAS DISEASE CONTRACTED? .....
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) J. P. Barde Jr, M. D
3/20 1931 (Address) California 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: City Cemetary — DATE OF BURIAL: 3/20 1931
20. UNDERTAKER: Wallhaus & Friedmeyer — ADDRESS: California Mo

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.