

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

Do not use this space.

21322

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City, Mo (No. General Hospital)

Registration District No. 388
Primary Registration District No. 500

File No. _____
Registered No. 2438
St. _____ Ward _____

2. FULL NAME Robert Lee Murray

(a) Residence. No. 3220 Jackson St. 14 Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 5 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug. 22, 1907</u>		
7. AGE	YEARS	MONTHS
<u>23</u>	<u>9</u>	<u>9</u>
		DAY <u>25</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work. <u>Clerk at Fidelity</u>		
(b) General nature of industry, business, or establishment in which employed (or employer). <u>Savings Trust Co</u>		
(c) Name of employer _____		

9. BIRTHPLACE (CITY OR TOWN) Sabetha, Kansas
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>W.M. Murray</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Virginia</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Lurinda Boley</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Virginia</u> (STATE OR COUNTRY)

14. INFORMANT W. M. Murray
(Address) 3220 Jackson Avenue

15. FILED 6/1 31 M. M. Crowe
REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 1 1931
17. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____, and that I last saw h_____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
accidental auto accident
June 1 - 11:10 AM
2:10 PM (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY for car accident
(SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS Autopsy
(Signed) Stacy M. Haber, M. D.
6/1 1931 (Address) 1024 Crown

*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 Sabetha, Kansas DATE OF BURIAL 6/1/31 19____

20. UNDERTAKER Freeman Mortuary, Kansas City, Mo
ADDRESS _____

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.

