AUG 29 1931

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

Do not use this space.

29287

File No.

Registered No. 74

1. PLACE OF DEATH

County St. Louis — Registration District No. 788

Township ~~Central~~ — Primary Registration District No. 4471

City Webster Groves (No. 350 Plant Ave St. Ward)

2. FULL NAME Harvey. G. Murch.

(a) Residence. No. 350 Plant Ave 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 22-1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	57	6	18	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Manual Training Instructor

(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) Missouri

PARENTS

10. NAME OF FATHER Harvey. G. Murch

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

12. MAIDEN NAME OF MOTHER Elizabeth Bryng

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

14. INFORMANT Ethel Virginia Murch
(Address) 350 Plant Ave. Webster Groves Mo

15. FILED 8-11, 1931 Arthur W Westrup
G. Carloch. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 10 1931

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.... 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:

Chronic Myo Carditis

930

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) 930

(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? Medical History

(Signed) John O'Connell M.D.

8/10, 1931 (Address) 2561 Woodson Rd.

*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
Oak Hill Cemetery	Aug 13 1931

20. UNDERTAKER	ADDRESS
Louis H Bopp	Kirkwood Mo