

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

Do not use this space.

36882

1. PLACE OF DEATH

County Buchanan

Registration District No. 81 4449

Township De Kalb, Mo

Primary Registration District No. 5722

City De Kalb, Mo

No. De Kalb, Missouri

File No.

Registered No. 7

St. Ward)

2. FULL NAME

(a) Residence, No. De Kalb, Mo 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17, 1851

7. AGE	YEARS	MONTHS	DAYS	if LESS than 1 day, hrs. or min.
	<u>80</u>	<u>8</u>	<u>6</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Caldwell County
(STATE OR COUNTRY) Missouri

13. NAME John S. Murray

14. BIRTHPLACE (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Virginia

17. INFORMANT David A. Murray
(ADDRESS) De Kalb, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE De Kalb, Kentucky DATE Nov 23, 1931

19. UNDERTAKER Flannan Funeral Home
(ADDRESS) St Joseph, Missouri

20. FILED Nov 24, 1931 J. W. McAdams
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 23, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1931, to Nov 23, 1931
I last saw him alive on Nov 22, 1931. Death is said to have occurred on the date stated above, at 9:10 A.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
108 / 108
Date of onset Oct 30, 1931

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? heart test Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury,, 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify

(Signed) E. B. McAdams, M. D.

(Address) De Kalb, 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.

DEC 21 1931

WHITE PAPER WITH OILING IN THESE IS A PERMITS RECORD

