

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

Do not use this space.

37976

1. PLACE OF DEATH

County Jasper
Township Union
City Carthage (No. 1025 S. Garrison)

Registration District No. 408
Primary Registration District No. 302-D

File No.
Registered No.
St. Ward)

2. FULL NAME

James M. M^c Murtry
(a) Residence No. 1025 S. Garrison St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Cora Melba M^c Murtry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 12 - 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 6 25

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

13. NAME W. J. Henry

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

15. MAIDEN NAME Henry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Mrs. Cora M^c Murtry (ADDRESS) Carthage Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Cemetery DATE 11-9-1931

19. UNDERTAKER Ulmer - Ulmer (ADDRESS) Carthage Mo

20. FILED Nov 9 1931 P. H. Fitcham Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 7 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1931 to Nov 7, 1931
I last saw him alive on Nov 5, 1931. Death is said to have occurred on the date stated above, at 5:45 pm.
The principal cause of death and related causes of importance were as follows:

Carcinoma Stomach Date of onset June 1930

Other contributory causes of importance: none

Name of operation none Date of
What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) H. A. LaParolle, M. D.
(Address) Carthage Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

NOV 24 1931

