

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

Do not use this space.

5168

1. PLACE OF DEATH

50 County Jefferson Registration District No. 420
 2 Township Valer Primary Registration District No. 3002
 7 City Libate Mo. (No. _____, St. _____ Ward _____)

2. FULL NAME

James Murray
 (a) Residence, No. 576 Allen Pl. St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 17 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)	
	<u>Male</u>	<u>White</u>	<u>Divorced</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 25 - 1859</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>72</u>	<u>6</u>	<u>15</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Unemployed</u>			
	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) (STATE OR COUNTRY) <u>Ohio</u>				
FATHER	13. NAME <u>Barthomas Murray</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>			
MOTHER	15. MAIDEN NAME <u>Leathin Brennan</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>			
17. INFORMANT (ADDRESS) <u>Mrs. Lizzie Smith, Libate Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Libate Mo.</u> DATE <u>2-10-1932</u>				
19. UNDERTAKER (ADDRESS) <u>Richardson Weatherhead, Libate Mo.</u>				
20. FILED <u>79</u> , 19 <u>32</u> <u>B.R. Ruggley</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-11, 1931, to 12-29, 1931.
 I last saw him alive on 12-17, 1931. Death is said to have occurred on the date stated above, at 9:50 p.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of
45P Pharynx
 Date of onset _____

Other contributory causes of importance: 45P

Name of operation _____ Date of _____
 What test confirmed diagnosis? Pharynx 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) Chas. L. Lyle
 (Address) Libate 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.

MAR 23 1932

