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.

MAR 24 1932

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

Do not use this space.

5618

File No.

Registered No.

1. PLACE OF DEATH

County: Ozark

Township: Richland

City: ~~Dora, Mo~~ (No. , St. Ward)

Registration District No. 650

Primary Registration District No. 5861

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2. FULL NAME: Daniel Anson McMurtrey

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) ~~WIFE OF~~: Hattie Hughes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 4, 1849

7. AGE: YEARS 82 MONTHS 7 DAYS 19 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Minister

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): 1926

11. Total time (years) spent in this occupation: 54

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Washington Co., Missouri

FATHER

13. NAME: John McMurtrey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Washington, Missouri

MOTHER

15. MAIDEN NAME: Lucy Killian

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): 2

17. INFORMANT (ADDRESS): Ola McMurtrey, Dora, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Sweeton Cem DATE: Feb. 25, 1932

19. UNDERTAKER (ADDRESS): None

20. FILED: Feb. 24, 1932 J. A. Batty M.D. Registrar.

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from January 1st, 1932, to Feb. 23rd, 1932, 19..

I last saw him alive on Feb. 19th, 1932, 19.. Death is said to have occurred on the date stated above, at 9:00 P.M.

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

	Date of onset
Myocarditis, chronic.	
9 36	
29	
9 30	

Other contributory causes of importance:

Arteriosclerosis with dry gangrene of toes on right foot.
Senile Dementia.

Name of operation: none Date of:

What test confirmed diagnosis? clinical 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) A. N. Thauchinh, M. D.

(Address) West Plains, Missouri.