Duplicate, First copy lost in mails.

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

Do not use this space.

~~5619~~

1. PLACE OF DEATH
County Ozark
Township Richland
City ~~Dora~~ (No. ..... , ... St. ..... Ward)

Registration District No. 650
Primary Registration District No. 5861

File No. .....
Registered No. .....

2. FULL NAME Daniel O. McMurtry,

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

Length of residence in city or town where death occurred over 40 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	Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hattie McMurtrey

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	82	8	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister Retired
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) Washington County, Mo.

FATHER
13. NAME John McMurtry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belgrade Mo

MOTHER
15. MAIDEN NAME Lucinda Killian
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT (ADDRESS) Otis McMurtry Dora Mo.

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

19. UNDERTAKER (ADDRESS) None

20. FILED Apr. 22 1932 J. A. Baltz M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

3

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

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1st, 1931, to Feb. 23rd 1932, 19..
I last saw him alive on Feb. 17th, 1932. Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis, Undetermined.	
Myocarditis, Chronic.	
93C 97 98B 93C	

Other contributory causes of importance:
Gangreene, Toes, sclerotic.

(1)

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. H. Thornburgh, M. D.
(Address) West Plains, 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.

83 - [illegible] 32

APR 28 1932

S-5618