

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

Do not use this space.

5682

**1. PLACE OF DEATH**

County Pettis Registration District No. 668  
 Township Sudalia Primary Registration District No. 3037  
 City Sudalia (No. Bothwell Hosp.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 30  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

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

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Female

**4. COLOR OR RACE**

white

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

Widow

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

Alonzo Murrell

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Dec 19, 1879

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, — hrs. or — min.
52	1	17	

**8. OCCUPATION OF DECEASED**

- (a) Trade, profession, or particular kind of work \_\_\_\_\_  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

Beaman

(STATE OR COUNTRY)

Mo

**10. NAME OF FATHER**

R S Glenn

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

Mo

(STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER**

Ellen Beaman

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

Mo

(STATE OR COUNTRY)

**14.**

**INFORMANT**

Mrs Glenn  
 (Address) Beaman Mo

**15.**

FILED 2-8, 1932 J. J. Love  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

3

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

Feb 6, 1932

**17.**

I HEREBY CERTIFY, That I declared deceased from Jan 30, 1932 Feb 6, 1932  
 that I first saw her alive on Feb 5, 1932 and that death occurred, on the date stated above, at 2:30 A.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cerebral Hemorrhage  
12:20 P.M. 1932  
102  
 CONTRIBUTORY (SECONDARY) Hypertension & Nephritis  
 (duration) ? yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF BIRTH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

**WHAT TEST CONFIRMED DIAGNOSIS?**

Clinical & Laboratory  
 (Signed) W. H. B. Love, M. D.  
Feb 6, 1932 (Address) Sudalia Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

British Columbia, Canada Feb 10, 1932

**DATE OF BURIAL**

**20. UNDERTAKER**

Lullispie

**ADDRESS**

Sudalia

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.

FEB 4 1932

PARENTS

