

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

Do not use this space.

32151

1. PLACE OF DEATH

48 County JACKSON Registration District No. 398
Township BLUE Primary Registration District No. 5554
City INDEPENDENCE (No. STREET CAR NO. 819 FAIRLAND HEIGHTS STATION Ward)

File No. _____

Registered No. 333

2. FULL NAME JOHN E. MURDOCH

(a) Residence, No. 9501 EAST 16 TH. STREET St., _____ Ward, _____
(Usual place of abode)

Length of residence in city or town where death occurred 12 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 CASSIE MAY MURDOCH
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT. 31, 1878
7. AGE YEARS 54 MONTHS 0 DAYS 0 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. LABORER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. MUEHLEBACH HOTEL
10. Date deceased last worked at this occupation (month and year) Oct. 20, 1932 11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PITTSBURGH PENN

13. NAME JOHN G. MURDOCH

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PITTSBURGH PENN

15. MAIDEN NAME Maria Penrod

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hagerstown Penn.

17. INFORMANT MRS. CASSIE MAY MURDOCH
(ADDRESS) 9501 EAST 16TH STREET

18. BURIAL, CREMATION, OR REMOVAL PLACE MOUND GROVE DATE NOV. 2, 1932

19. UNDERTAKER STAHL'S FUNERAL HOME
(ADDRESS) 815 W. MAPLE AVE.

20. FILED Nov. 2, 1932 J. H. Cook
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 0 OCT. 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 16 1932, to Oct 30 1932

I last saw him alive on Oct 1 1932. Death is said to have occurred on the date stated above, at about 8:00 A.M.

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

Cerebral Hemorrhage
82A
97
Arteriosclerosis
Date of onset _____

Other contributory causes of importance: _____

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) Jos. S. Penrod, M. D.
(Address) 9531 Van Horn
Kansas City, 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.

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

NOV 2 8 1932

