

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

Do not use this space.

33660

1. PLACE OF DEATH

County.....

Registration District No.

Township.....

Primary Registration District No.

City.....

(No. *City Hospital*)

File No.

Registered No.

8949

St.

Ward)

2. FULL NAME

(a) Residence, No. *4243^a Pleasant* St. *10* Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *40* 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) *married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb. 1 - 1856*

7. AGE YEARS *76* MONTHS *8* DAYS *5* If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Common Labor*

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) *St. Mary's* (STATE OR COUNTRY) *Ohio*

MOTHER 13. NAME *John Murray*

FATHER 14. BIRTHPLACE (CITY OR TOWN) *Ireland* (STATE OR COUNTRY) *15*

15. MAIDEN NAME *Nora Ferrigan*

16. BIRTHPLACE (CITY OR TOWN) *Ireland* (STATE OR COUNTRY)

17. INFORMANT *Hospital information* (ADDRESS) *City Hospital*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Calvary* DATE *10/10* 1932

19. UNDERTAKER *H. A. Stone and Co.* (ADDRESS) *2117 E. Grand, St. Louis*

20. FILE NO. *8* 1932 19 *Max B. Starkloff* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct. 6th 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Oct. 5* 1932 to *Oct. 6th* 1932

I last saw him alive on *Oct. 6th* 1932 Death is said to have occurred on the date stated above, at *8.40 a.m.*

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

*Chd. Myocarditis
arterio-sclerosis*

Brucella pneumonia

Other contributory causes of importance: *None*

Name of operation *None* Date of.....

What test confirmed diagnosis? *Culture* 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 *Maurice A. Bellis, M.D.* (Signed) *City Hospital* (Address)

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

Murray