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

Do not use this space.

34504

1. PLACE OF DEATH

105 County Sullivan — Registration District No. 852 — File No.

Township Jackson — Primary Registration District No. 6124 — Registered No.

City (No. St. Ward)

2. FULL NAME Lillie Lewis Murdock

(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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

NOV 29 1932

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.

V. S. No. 2.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 Samuel L. Murdock

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch. 29 1859

7. AGE: Years 73 — Months 6 — Days 3 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) on farm
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Charles Co. (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER John McNealey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia
12. MAIDEN NAME OF MOTHER Virginia Henry
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Sullivan Co. (STATE OR COUNTRY) Missouri

14. INFORMANT Mrs Reece Porter (Address) Milan Mo.

15. FILED 10/13 1932 Mayme Calfee REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 2, 1932

17. I HEREBY CERTIFY, That I attended deceased from Sept. 28, 1932, to Oct. 12, 1932 that I last saw her alive on Sept. 28, 1932, and that death occurred, on the date stated above, at 11 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes Mellitus
59
120B
152A
(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Abscesses and Diarrhoea
(duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical & Chem.

(Signed) J. C. Roberts, M. D.
10/3, 1932 (Address) Pollock, 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~~ Beardstown Cem. near Milan. DATE OF BURIAL Oct 5 1932

20. UNDERTAKER C. A. Schoene ADDRESS Milan, Mo.