

died Nov 8 - 1932

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

Do not use this space.

36450

1. PLACE OF DEATH

Jamestown

County

Registration District No.

5774

Township

Primary Registration District No.

5772A

City

(No.)

File No.

1932

Registered No.

14

St.

Ward

2. FULL NAME

Burgess Frankline Muri

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

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

Emma Elizabeth Haldeman

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

Jan, 1 - 1859

7. AGE

YEARS

MONTHS

DAY

If LESS than 1 day, hrs. or min.

74

10

7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Jamestown

(STATE OR COUNTRY)

10. NAME OF FATHER

John Nicholas Muri

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Switzerland

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Christiana Muri

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Germany

(STATE OR COUNTRY)

14.

INFORMANT (Address)

J. M. Muri  
Jamestown Mo.

15.

FILED

11/8 1932 Ellis E. Raikes  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Nov 8 1932

17.

HEREBY CERTIFY, That I attended deceased from Oct 15 1932 to Nov 8 1932 that I last saw him alive on Nov 7 1932 and that death occurred, on the date stated above, at 1:30 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Arterio sclerosis and Valvular heart disease

(duration) 6 1/2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

nephritis (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) L. L. Saltham, M. D.

19 (Address)

\*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

DATE OF BURIAL

M.E. Church Cemetery Nov 10 1932

20. UNDERTAKER

ADDRESS

Charlie Fullbrink Jamestown 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.

