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.

JUN 22 1933

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

Do not use this space.

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No. ~~16261~~ 16261
Township Springfield — Primary Registration District No. 200 — Registered No. 391
City Springfield (No. 849 N. Grant Ave St. Ward)

2. FULL NAME John S. Murrell
(a) Residence, No. 849 N. Grant 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Nora Murrell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 15 - 1871
7. AGE 61 YEARS ~~64~~ MONTHS 6 DAYS 16 ~~[illegible]~~ If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER
13. NAME J. A. B. Murrell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Martha Alberta
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Nora Murrell Springfield Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn Cemetery DATE May 13 1933
19. UNDERTAKER (ADDRESS) J. W. Klingner & Co Springfield Mo.
20. FILED 3-12 1933 Ralph W. Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1930, to May 11, 1933
I last saw him alive on May 10, 1933 Death is said to have occurred on the date stated above, at 3 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Left knee	Jan 1930
27B	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis Clinical Was there an autopsy? NW

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? NW
If so, specify
(Signed) O C Horst M. D.
(Address) Medical Arts Bldg Springfield Mo