

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

Do not use this space.

19261

1. PLACE OF DEATH

County Cole

Registration District No. 213

Township Jefferson City

Primary Registration District No. 3014

City Jefferson City (No. mo)

File No. 157

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(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 Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14, 1904

7. AGE YEARS MONTHS D^{AYS} IF LESS THAN 1 day, hrs. or min.
28 11 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Cedar City mo

13. NAME Jeremy Murray

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Font Vernon

15. MAIDEN NAME Dora Emery

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway co

17. INFORMANT Mrs Dora Kuster (ADDRESS) J.C. mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Font Vernon DATE 6/25 1928

19. UNDERTAKER L. D. Hardiman (ADDRESS) J.C. mo

20. FILED 6/24/28 1928 J. B. Bradford Registrar

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 21 1928

22. I HEREBY CERTIFY, That I attended deceased from 6-1, 1928, to 6-21, 1928

I last saw h. or alive on 6-21, 1928. Death is said to have occurred on the date stated above, at 8:30 p.m.

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

BRONCHITIS (ACUTE)
CONGESTION OF LUNGS
CONSOLIDATION
TUBERCULAR-PNEUMONIA

Other contributory causes of importance: HEMORRHAGE - RAPID
PNEUMONIA

Name of operation None Date of _____

What test confirmed diagnosis? CLINICAL Was there an autopsy? _____

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? _____

If so, specify R. E. BLAND (Signed) _____ M. D.

(Address) 215 1/2 JEFFERSON ST.

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 1928

