

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.

FEB 27 1934

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

Do not use this space.

2335

PLACE OF DEATH

County St. Francis
Township Pendleton
City (No.) St. Ward)

Registration District No. 773
Primary Registration District No. 6023

File No.
Registered No. 7

2. FULL NAME Mariah Murray
(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 F
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24-1866
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 6 19
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work
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) Madison Co Mo

13. NAME William Moore G

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

15. MAIDEN NAME Elizabeth Wagner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co Mo

17. INFORMANT Armenta Brady
(ADDRESS) 2101 W. 11th

18. BURIAL, CREMATION, OR REMOVAL PLACE Odd fellows DATE Jan 14 1934

19. UNDERTAKER Guidet and Co
(ADDRESS) Washington Mo

20. FILED Jan 24 1934 T. J. Robinson
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13 1934
22. I HEREBY CERTIFY That I attended deceased from Jan 7 1934 to Jan 13 1934
I last saw h. or alive on Jan 13 1934 Death is said to have occurred on the date stated above, at 5 P. M.

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

myocarditis
g.D
102
93101
Other contributory causes of importance
Senility
Date of onset

Name of operation Date of
What test confirmed diagnosis? 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 L. M. Stanfield
(Signed) L. M. Stanfield
(Address) Larimer glass

