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.

6247

1. PLACE OF DEATH
County St Francois — Registration District No. 774 — File No. 50
Township St Francois — Primary Registration District No. 4465 — Registered No.
City Flat River Mo (No. ..... St. ..... Ward)

2. FULL NAME Martha Ellen Murry
(a) Residence, No. Flat River St. ..... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 61 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: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Owen E. Murry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 5. 1872

7. AGE: YEARS 61 — MONTHS 3 — DAYS 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home
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): 2-6-34
11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Francois Co. Mo

FATHER
13. NAME: Francis E. LaLayan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Francois Co. Mo

MOTHER
15. MAIDEN NAME: Frances Thurman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Francois Co Mo

17. INFORMANT (ADDRESS): Owen E. Murry, FLAT RIVER MO

18. BURIAL, CREMATION, OR REMOVAL: French Village Mo DATE 1-7 1934

19. UNDERTAKER (ADDRESS): Jos Diemer, FLAT RIVER MO

20. FILED 2-7 1934 C B Farrar MD Registrar.

MEDICAL CERTIFICATE OF DEATH

(5)

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1933, to Feb 6, 1934
I last saw her alive on Feb 5, 1934. Death is said to have occurred on the date stated above, at 12 30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis c̄ oedema	
Chr. myocarditis	
Diabetes mellitus	

Other contributory causes of importance: Hypertension

Name of operation: none — Date of .....
What test confirmed diagnosis? Exam — Was there an autopsy? NO

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? NO
If so, specify .....
(Signed) C. H. Appleberry, M. D.
(Address) Flat River Mo