

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.

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

Do not use this space.

APR 25 1934

1. PLACE OF DEATH
 County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City **St. Louis** (No.) St. Ward) **23**

2. FULL NAME **EMMA MURRAY**
 (a) Residence, No. **25515 Jefferson** St., **23** Ward.
 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. (If nonresident, give city or town and State)

11387
 File No.
 Registered No. **3300**

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** **4. COLOR OR RACE** **White** **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct, 30, 1856**

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, hrs. or min.
	17	5	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housework**

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) **Salem Mo. Missouri**

MOTHER

13. NAME **Penn Parker**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

15. MAIDEN NAME **Martina Satterfield**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

17. INFORMANT **OSCAR MURRAY**
 (ADDRESS) **6215 Columbia**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Salem, Mo.** DATE **April 2, 1934**

19. UNDERTAKER **R. W. McLaughlin**
 (ADDRESS) **2301 Lafayette**

20. FILED **APR 2 1934** **J. B. Beck**
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar 30**, 19**34**

22. I HEREBY CERTIFY, That I attended deceased from **Mar 28**, 19**34**, to **Mar 30**, 19**34**
 I last saw her alive on **Mar 30**, 19**34**. Death is said to have occurred on the date stated above, at **12:15 P.** m.
 The principal cause of death and related causes of importance were as follows:
Broncho-Pneumonia Date of onset **3-29-34**
Cholecystitis ?
Cholelithiasis ?
Empyema of Gall bladder **3-28-34**

Other contributory causes of importance:
12/24/10 7/15/12 7/7/12

Name of operation Date of
 What test confirmed diagnosis? **Chemical** 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?

If so, specify
 (Signed) **H. C. Carver**, M. D.
 (Address) **5430 Southworth**

