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.

SEP 11 1934

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

Do not use this space.

1. PLACE OF DEATH
County Adair — Registration District No. 4 — File No. 28158
Township — Primary Registration District No. 3001 — Registered No. 160
City Kirksville (No. ..... St. ..... Ward)

2. FULL NAME Richard Allen Murfin
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2 1932
7. AGE YEARS 2 MONTHS 1 DAYS 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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. 120
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 120

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

FATHER
13. NAME Glen Murfin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Queen City Mo

MOTHER
15. MAIDEN NAME Opal Elms
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Queen City Mo

17. INFORMANT (ADDRESS) Glen Murfin Queen City, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Queen City DATE Aug 12 1934

19. UNDERTAKER (ADDRESS) Wm N West Queen City Mo

20. FILED Aug 11 1934 Spencer Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 11th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 7th, 1934, to Aug 11th, 1934
I last saw him alive on Aug. 11th, 1934. Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:
Olecolitis followed by peritonitis — Date of onset
Other contributory causes of importance: 129
Name of operation — Date of
What test confirmed diagnosis? Clinical 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) Geo. F. Sneed, M. D.
(Address) 104½ N Franklin Kirksville Mo