

NOV 14 1934

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

Do not use this space.

35796

1. PLACE OF DEATH

39 County *Lrene*
Township *1st Jackson*
City *Stratford R. Mo 3* (No.)

Registration District No. *322*
Primary Registration District No. *5447A*

File No.
Registered No. *33*
St. Ward)

2. FULL NAME

(a) Residence, No. *Stratford R. Mo 3* 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 <i>M</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Martin S. Murrell</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>March 11-1859</i>		
7. AGE	YEARS <i>75</i>	MONTHS <i>7</i>
	DAYS <i>6</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>House wife</i>	
	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) *Missouri*13. NAME *Joseph Haldin*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Iowa*15. MAIDEN NAME *Unknown*

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

17. INFORMANT *Bert Murrell* (ADDRESS) *Hair Street MO*18. BURIAL, CREMATION, OR REMOVAL PLACE *Cedar Bluff* DATE *Oct 19 34*19. UNDERTAKER *W. K. Maysard Co* (ADDRESS) *Springfield Mo*20. FILED *10-19 1934* *W. Allan Barnes* Registrar

✓ MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 17 1934*22. I HEREBY CERTIFY, That I attended deceased from *Oct 12 1934* to *Oct 17 1934*I last saw her alive on *Oct 16 34*, 1934 Death is said

to have occurred on the date stated above, at.....m.

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

Cerebral Hemorrhage Date of onset

Other contributory causes of importance:

Arterio Sclerosis

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.....

(Signed) *E. M. Bailey*, M. D.(Address) *Elkland MO*

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.

WHITE FORMET, WITH UNFOLDING TABS—THIS IS A PERMANENT RECORD

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