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

Do not use this space.

APR 16 1935

File No. 8531

Registered No. 5

Registration District No. 214

Primary Registration District No. 4130

1. PLACE OF DEATH

County: Cole

Township: ~~Moreau~~ 26

City: Russellville, Mo. 4

(No. ....., ... St. ..... Ward)

2. FULL NAME: Charles C 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Barbara Ellen Murray

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 23 1861

7. AGE: Years 74 | Months 0 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: General Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): Centertown, Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER: Christopher Murray

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Centertown
(STATE OR COUNTRY) Missouri.

12. MAIDEN NAME OF MOTHER: Elizebeth Pace

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): ------
(STATE OR COUNTRY) Missouri.

14. INFORMANT: Mrs. C. C. Murray
(Address) Ruwsellville, Mo.

15. FILED 3-31, 1935 Mrs. Mabel Barbour
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 29 35

17. I HEREBY CERTIFY, That I attended deceased from Mar. 20, 1935, 19..., to Mar. 29, 1935, 19..., that I last saw h. 1m alive on Mar. 29, 1935, 19..., and that death occurred, on the date stated above, at 5:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho-pneumonia

..... (duration) ..... yrs. ..... mos. 7 ..... ds.

CONTRIBUTORY (SECONDARY) 1070

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Walter L. Leslie, M.D.

, 19 (Address) Russellville, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Enleo Cem. Russellville. Mo.

DATE OF BURIAL: 3/31/35, 19

20. UNDERTAKER: Hugo W. Schubert

ADDRESS: Russellville 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.