

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

Do not use this space.

8919

APR 18 1935

1. PLACE OF DEATH
 43 County McKary Registration District No. 359
 Township Wesley Primary Registration District No. 5504
 City Wesley (No. _____) St. _____ Ward _____

2. FULL NAME Cecil Glenn Murnon
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) _____
 Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Willie Murnon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14 - 1897

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>37</u>	<u>8</u>	<u>18</u>	

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

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) Wesley
 (STATE OR COUNTRY) Missouri

13. NAME Emmett D. Wroton

14. BIRTHPLACE (CITY OR TOWN) Ohio
 (STATE OR COUNTRY) _____

15. MAIDEN NAME Jennie Hester Miller

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

17. INFORMANT Adeline Murnon
 (ADDRESS) Wesley, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Robison Cem. DATE March 30, 1935

19. UNDERTAKER R. E. Chestman
 (ADDRESS) Wesley, Mo.

20. FILED 3/28 1935 G. W. Thornton
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _____, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1935 to March 27 1935

I last saw her alive on March 27, 1935 Death is said to have occurred on the date stated above, at 5:20 A.M.

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

Jaundice
Saw Wood presure
Dropsy 950

Date of onset _____

Other contributory causes of importance: _____

Name of operation None Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury _____, 1935

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 _____

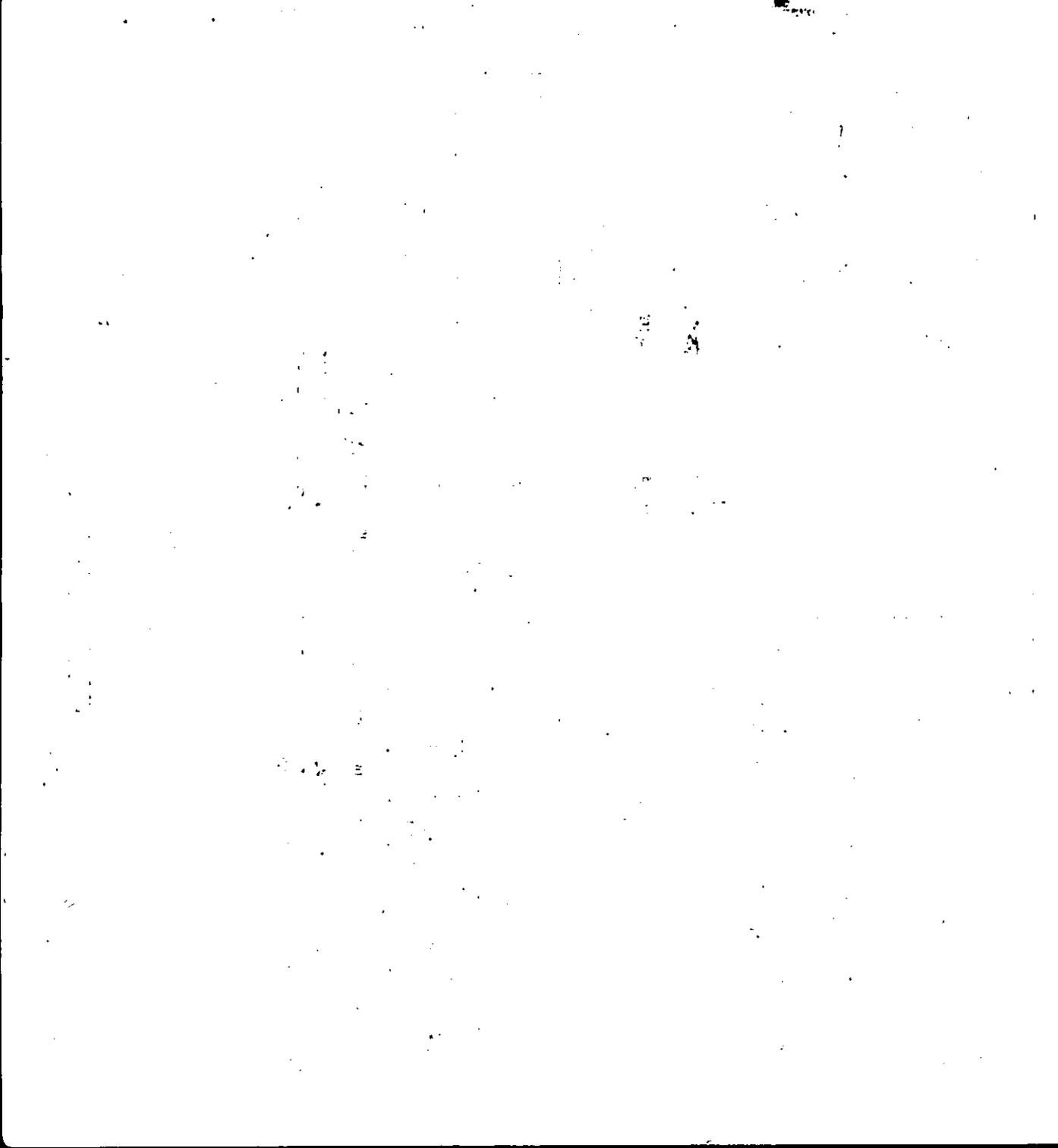
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify _____

(Signed) D. J. Taylor, M. D.

(Address) Wesley, 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.



CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 20 1935

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

Do not use this space.

1. PLACE OF DEATH

County Greene
Township.....
City.....

Registration District No. 359
Primary Registration District No. 5504

File No.....
Registered No.....
St. (Ward)

2. FULL NAME

Reed Glenn Murnan (?)

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19.....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at..... m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

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

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

Date of onset

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

Other contributory causes of importance:
950

13. NAME

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

15. MAIDEN NAME

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

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

Manner of injury.....
Nature of injury.....

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE..... DATE..... 19.....

24. Was disease or injury in any way related to occupation of deceased?.....

19. UNDERTAKER (ADDRESS)

If so, specify.....

20. FILED May 15 1935 Ms. Blige Monroe Registrar.

(Signed)....., M. D.
(Address).....

MAY 16 1957

8

6168-5