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.

JUN 21 1935

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

Do not use this space.

16880

1. PLACE OF DEATH

County: Jasper — Registration District No.: 419 — File No.:

Township: McDonald — Primary Registration District No.: 5573 — Registered No.:

City: Quella (No. ..... St. ..... Ward)

2. FULL NAME Minnie Belle Murray

(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 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 3, 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	6	21	

OCCUPATION

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

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 COUNTY) Champaign Co. Illinois

FATHER

13. NAME Robert McCarkhill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Unknown Unknown

MOTHER

15. MAIDEN NAME Mary Pilkington

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Unknown Unknown

17. INFORMANT (ADDRESS) Mrs. Archie Peckles, Los Angeles, California

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Cemetery DATE May 25, 1935

19. UNDERTAKER (ADDRESS) Knell Mortuary, Carthage, Mo.

20. FILED May 25, 1935 Mrs. W. A. Hall, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1935, to May 24, 1935

I last saw him alive on May 20, 1935. 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:

	Date of onset
Carcinoma uterus	
General carcinomatosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Lab. 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) Lloyd B. Clinton, M. D.

(Address) Carthage, Mo.