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.

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

JUL 12 1935

Do not use this space.

21350

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 5286

Township ..... Primary Registration District No. 1003 Registered No. .....

City St. Louis, Mo. 500 S. Kingshighway St. Louis Childrens St. Hosp. Ward)

2. FULL NAME Jewel Edward Murray

(a) Residence, No. 4022 Shenandoah St., 17 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: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 8-12-20

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
14	10	4	

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. Child.
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): Frederick Town, Mo.

FATHER

13. NAME: Claude
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Twelve Mile, Mo.

MOTHER

15. MAIDEN NAME: Viola McKeldy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Buckhorn, Mo.

17. INFORMANT (ADDRESS): J. McIlvin, 500 S. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE: Lake Charles, Mo. DATE: 6/19/1935

19. UNDERTAKER (ADDRESS): McLaughlin, 2301 Lafayette ave.

20. FILED JUN 18 1935 J. F. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6-16-35, 19

22. I HEREBY CERTIFY, That I attended deceased from 11-9-34, 19..., to 6-16-35, 19...

I last saw him alive on 6-16-35, 19... Death is said to have occurred on the date stated above, at 10 45 P.m.

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

	Date of onset
Chronic osteomyelitis	
Amyloid disease	
Pericarditis Chronic	
Peritonitis Probably caused by osteomyelitis	

Other contributory causes of importance:

Osteomyeletis non T.B. non Traumatic cause unknown

Name of operation — 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? — 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) R. J. Blattner, M. D.

(Address) 500 So. Kingshighway