

AUG 9 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

24442

File No. 5817

Registered No. 4789

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City *St. Louis, Mo.* (No.)

St. Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St. *NR* Ward. *nameoki del*

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds.

yrs.

mos. 4

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

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

Harry Murdock

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

July 4-1897

7. AGE

YEARS

38

MONTHS

2

DAYS

2

IF LESS than 1 day, hrs. or min.

OCCUPATION

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) (STATE OR COUNTRY)

Juplin, Mo

13. NAME

Thomas Meedham

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

Ireland

15. MAIDEN NAME

Anna Sweeney

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

Kennecott, Maine

17. INFORMANT (ADDRESS)

*Mrs. Barrett
5400 Broadway St*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *East Atlantic del* DATE *7-7* 1935

19. UNDERTAKER (ADDRESS)

*Chas Burke
Evan Stephens*

20. FILED

JUL - 7 1935

J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

7-6-1935

22. I HEREBY CERTIFY, That I attended deceased from

*July 3, 1935, to July 6, 1935*I last saw him alive on *July 6, 1935*. Death is saidto have occurred on the date stated above, at *9:25 p.m.*

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

Meningococci meningitis Date of onset *6:30 a.m.**Lung abscess non-traumatic**Cause unknown*

Other contributory causes of importance:

*Lung abscess multiple**Postoperative pneumonia**Intestinal Volvulus chronic*Name of operation *none* Date of.....What test confirmed diagnosis? *clinical* 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? *no*

If so, specify.....

(Signed) *Henry J. Fletcher*, M. D.(Address) *St. Louis, Mo.*

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.

