

SEP 25 1935

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

Do not use this space.

26340

## 1. PLACE OF DEATH

County JACKSON Registration District No. 398  
Township BLUE Primary Registration District No. 5554  
City FAIRMOUNT STATION (No. 29TH & BLUE RIDGE BLYD. St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_

Registered No. 272

## 2. FULL NAME

MRS. EDITH MARIE MURRAY(a) Residence, No. RURAL ROUTE # 6 St. \_\_\_\_\_ Ward. (If nonresident, give city or town and State)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 MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF WARREN MURRAY6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN. 22. 18947. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
41 7 58. 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) LEEDS  
MISSOURI13. NAME LEWIS G. JOHNSON14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CHICAGO  
ILLINOIS15. MAIDEN NAME JOHANNA L. NELSON16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SWEDEN17. INFORMANT (ADDRESS) MR. WARREN MURRAY  
29TH & BLUE RIDGE BLYD18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST HILL DATE AUGUST 29, 193519. UNDERTAKER (ADDRESS) D. W. NEWCOMER'S SONS  
KANSAS CITY, MISSOURI20. FILED 8-29-35 J. L. Cook  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUGUST 27, 193522. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1935, to Aug 27, 1935I last saw him alive on Aug 27, 1935. Death is said to have occurred on the date stated above, at 12:40 A.M.

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

Myocardial thrombosis

Date of onset

Other contributory causes of importance:

InfarctionAug 1Name of operation none Date of \_\_\_\_\_What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? y.e.

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) Robert Harris, M.D., M. D.(Address) 2197 Union Bldg Kansas City, 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.

219 Huron Bldg. N. C. Fans.

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