

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.

NOV 21 1935

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

Do not use this space.

32713

1. PLACE OF DEATH

County..... Jackson Registration District No. 399
Township..... Kaw Primary Registration District No. 1002
City..... Kansas City (No. St. Mary's Hospital) St. St. Mary's Hospital Ward St. Mary's Hospital

2. FULL NAME Samuel Elmer Murdock

(a) Residence, No. St. Lisle, Missouri Ward. Lisle, Missouri
(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

3. SEX Male 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 Nola Murdock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 24, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 1 16

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

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) Ripley County
(STATE OR COUNTRY) Indiana

13. NAME Samuel Murdock

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

15. MAIDEN NAME Rebecca Williamson

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

17. INFORMANT Mrs. Nola Murdock
(ADDRESS) 712 St. Louis, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Buried DATE Oct 11, 1935

19. UNDERTAKER Wm. W. Miller
(ADDRESS) 3235 Jackson Plaza

20. FILED 10/11 1935 M. M. Crohn
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-10 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-3 1935 to 10-10 1935

I last saw him alive on 10-10 1935. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Cerebral Stenosis Date of onset

Chronic myocarditis

Other contributory causes of importance

Name of operation Autopsy Date of Autopsy

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 0 Date of injury 0, 1935

Where did injury occur? 0
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? 0

If so, specify 0

(Signed) W. W. Miller, M. D.

(Address) 707 Argyle

