

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.

APR 25 1936

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

Do not use this space.

16853

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis

Registration District No. 791
Primary Registration District No. 1003

File No. _____
Registered No. 3574
St. _____ Ward)

2. FULL NAME

William Bryden M^c Murtrie
(a) Residence, No. 3007 N. Broadway N.P. Ward. Sparta, Ill.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 10 ds. How long in U. S., if of (foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ella M^c Murtrie</u> <u>Euphemia M^c Murtrie</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 3-1874</u>				
7. AGE	YEARS <u>61</u>	MONTHS <u>56</u>	DAYS <u>4</u>	IF LESS than 1 day, hrs. or min. <u>29</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Agent Telegrapher</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>M & O. R.R.</u>			
	10. Date deceased last worked at this occupation (month and year) <u>Sept. 1935</u>		11. Total time (years) spent in this occupation. <u>35</u> <u>40</u> years	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Williamsville</u> <u>Ill. Scranton, Pa.</u> <u>MC MURTRIE</u>				
FATHER	13. NAME <u>THOMAS</u> <u>Scott</u> <u>Knowlton</u> <u>SCOTLAND</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scott Knowlton</u>			
	15. MAIDEN NAME <u>EUPHEMIA BRYDEN</u> <u>Scott Knowlton</u> <u>SCOTLAND</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scott Knowlton</u>			
	17. INFORMANT <u>Mrs Wm M^c Murtrie</u> (ADDRESS) <u>Sparta Ill</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sparta Ill</u> DATE <u>April 4</u> 19 <u>36</u>				
19. UNDERTAKER <u>A. A. Ryan</u> (ADDRESS) <u>Sparta Ill</u>				
20. FILED <u>APR 2 1936</u> <u>J. J. Bredeck</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-2-36, 19____

22. I HEREBY CERTIFY, That I attended deceased from 3-10-36, 19____, to 4-2-36, 19____
I last saw him alive on 4-2-36, 19____. Death is said to have occurred on the date stated above, at 2⁰⁰ P. m.
The principal cause of death and related causes of importance were as follows:

<u>Coronary Disease</u>	Date of onset
<u>57</u>	
Other contributory causes of importance: <u>Chronic Urependitis</u> <u>Diabetes Mellitus</u>	

Name of operation none Date of _____
What test confirmed diagnosis? clinical 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? no
If so, specify _____
(Signed) M. O. McWay, M. D.
(Address) U.S. Post Bldg

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