

JUL 16 1936

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

Do not use this space.

21927

1. PLACE OF DEATH

County Stanton  
Township Central  
City (No. )

Registration District No. 44  
Primary Registration District No. 5066

File No. \_\_\_\_\_  
Registered No. 4  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Louisa McMurry

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</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>W. H. McMurry</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 3<sup>rd</sup> 1858</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>3</u>
	DAYS <u>2</u>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeping</u>
	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)  
Millersburg Ohio

13. NAME  
Estia Keefer

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

15. MAIDEN NAME  
Nancy Snyder

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

17. INFORMANT (ADDRESS)  
W. H. McMurry Lamar Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE  
Rose Cemetery DATE June 6<sup>th</sup> 1936

19. UNDERTAKER (ADDRESS)  
Central Funeral Home Lamar Mo.

20. FILED 6-5-36 W. E. Hoeker, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)  
June 5<sup>th</sup> 1936

22. I HEREBY CERTIFY That I attended deceased from April 29, 1936, to June 5, 1936  
I last saw her alive on May 31, 1936. Death is said to have occurred on the date stated above, at 4 A.M.  
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage  
Arterial Hypertension

Date of onset  
Apr. 29

Other contributory causes of importance:  
None

Name of operation \_\_\_\_\_ 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) Bern T. Bickel, M. D.  
(Address) Lamar, 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.

