JUL 27 1936

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

Do not use this space.

24117

File No. 788
Registered No. 65
Registration District No. 4471
Primary Registration District No.

1. PLACE OF DEATH

County: St. Louis
Township: Shrewsbury
City: Carr-Goff Wellston
(No. 7310 Sutherland Ave St. Ward)

2. FULL NAME Ida Jeanette Murray

(a) Residence, No. 7310 Sutherland Ave St., Ward.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George X. Murray

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7th. 1860

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
76	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Ohio

FATHER
13. NAME Samuel McKittrick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

MOTHER
15. MAIDEN NAME Loretta Fisher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Mrs. R. W. Hagen
(ADDRESS) 7310 Sutherland Ave

18. BURIAL, ~~CREMATION OR REMOVAL~~
PLACE Cincinnati Ohio DATE 6-21, 1936

19. UNDERTAKER Tracy B. Mann
(ADDRESS) 3027 Lafayette

20. FILED 6-20, 1936 John R. York Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/19, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/15, 1933, to 6/19, 1936
I last saw h. alive on 6/15, 1936 Death is said to have occurred on the date stated above, at 5 30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Progressive bulbar paralysis due to disease of motor neurons of medulla oblongata	3 yrs.

Other contributory causes of importance:

Name

Name of operation Date of
What test confirmed diagnosis? Clinical & Path. 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) Dr. P. Bustabauer M. D.
(Address) 3147 Jefferson Ave.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Mrs Hoag.
408 Pgming