

SEP 29 1936

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

Do not use this space.

33254

1. PLACE OF DEATH

County St. Louis
Township Carondelet
City St. Louis, Mo.
Jeff. Bks.

Registration District No. 1123
Primary Registration District No. 624803
(No. Station Hospital)

File No. _____
Registered No. 334
St. _____ Ward _____

2. FULL NAME

William H. Murrell

(a) Residence, No. Willow Springs, Mo. St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</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>Minnie Murrell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 10 1886</u>		
7. AGE YEARS <u>56</u>	MONTHS <u>2</u>	DAYS <u>11</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Forester</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>CCC</u>		
10. Date deceased last worked at this occupation (month and year) <u>August 18, 1936</u>		11. Total time (years) spent in this occupation <u>1-6/12</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Willow Springs Missouri</u>		
13. NAME <u>William Murrell</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Mandy Poe</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mountain View, Missouri</u>		
17. INFORMANT (ADDRESS) <u>Helen Henry Mountain View, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Willow Springs Mo. Aug. 22, 1936</u>		
19. UNDERTAKER (ADDRESS) <u>G. Hoffmeister U. & L. Co. 7814 S. Broadway</u>		
20. FILED <u>Aug 22, 1936</u> <u>G. Mowrey</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>August 21, 1936</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>August 18, 1936</u> to <u>August 21, 1936</u> I last saw him alive on <u>August 21, 1936</u> Death is said to have occurred on the date stated above, at <u>2:50Pm.</u> The principal cause of death and related causes of importance were as follows: <u>Cholecystitis, chronic, with cholelithiasis.</u> <u>126</u> Other contributory causes of importance: <u>Myocarditis, acute.</u> <u>Heat, ill defined effects of.</u>
Date of onset <u>Undt.</u> <u>8-21-36</u> <u>8-21-36</u>
Name of operation <u>Cholecystectomy</u> Date of <u>8-18-36</u> What test confirmed diagnosis? <u>Clinical</u> Was there an autopsy? <u>No</u>
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) <u>W. C. Corson</u> <u>W. C. Corson, 1st. Lt. Med-Res. D.</u> (Address) <u>Jefferson Barracks, Mo.</u>

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.

