

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.

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

Do not use this space.

OCT 1 1936

33354

**1. PLACE OF DEATH**

County Scott Registration District No. 821  
 Township Richland Primary Registration District No. 4553  
 City Sikeston (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

Cornelius Carrol Murray  
 (a) Residence, No. \_\_\_\_\_ 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 male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) infant  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF infant  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr-10-1934  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
2 4 18

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant  
 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) Sikeston, Mo.

MOTHER FATHER  
 13. NAME Henry Murray

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York N.Y.

MOTHER FATHER  
 15. MAIDEN NAME Anna Green

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charleston, Mo.

17. INFORMANT Henry Murray  
 (ADDRESS) Sikeston Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Sikeston Mo. DATE 8-29-1936

19. UNDERTAKER John Albritton  
 (ADDRESS) Sikeston Mo.

20. FILED 9-8 1936 R. W. H. Russell  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-28-1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 25 1936 to Aug 28 1936  
 I last saw him alive on Aug 28 1936 Death is said to have occurred on the date stated above, at 4:15 P.M.

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

Acute colitis Date of onset 9-25-36

Other contributory causes of importance:

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? \_\_\_\_\_  
 If so, specify Y. H. H. Presnell, M. D.  
 (Signed) \_\_\_\_\_ (Address) Sikeston, Mo.

