

FEB 19 1937

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

Do not use this space.

2457

1. PLACE OF DEATH
74 County Madison Registration District No. 626
Township Independence Primary Registration District No. 3-8-28
City Parnell (No. 2) St. _____ Ward _____

2. FULL NAME John Milton Murdock
(a) Residence, No. _____ St. _____ Ward _____ (If nonresident, give city or town and State)
(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.

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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Helen A. Aquite Murdock</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept 15 1854</u>		
7. AGE YEARS <u>82</u>	MONTHS <u>4</u>	DAYS <u>15</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>1</u>		10. Date deceased last worked at this occupation (month and year) <u>1914</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
13. NAME <u>John Murdock</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>		
15. MAIDEN NAME <u>Mary Papp</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
17. INFORMANT <u>May Murdock</u> (ADDRESS) <u>Parnell mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cemetery</u> DATE <u>Jan 17 1937</u>		
19. UNDERTAKER <u>A. J. Root & Co</u> (ADDRESS) <u>Parnell mo</u>		
20. FILED <u>1-17</u> 19 <u>7</u> <u>Hallace P. Kennedy</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15 1937

22. I HEREBY CERTIFY, that I attended deceased from June 20 1936 to Jan 15 1937
last saw him alive on Jan 14 1937. Death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:
Date of onset no info known

Chronic Endocarditis
and Dropsy

Other contributory causes of importance
Bright's Disease
tapped

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 _____
(Signed) Egbert Crowson, M. D.
(Address) Parnell mo

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

Do not use this space.

1. PLACE OF DEATH

County Wodaway Registration District No. 626 File No. 2457
 Township Independence Primary Registration District No. 5828 Registered No. _____
 City Parnell (No. _____) St. _____ Ward _____

2. FULL NAME

John Milton Murdock
 (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 m 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

5A. IF MARRIED, WIDOWED, OR DIVORCED (write name of HUSBAND or WIFE) Florance Augusta Murdock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 30 - 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
82 4 15

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year) 1917 11. Total time (years) spent in this occupation _____

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

13. NAME John Murdock

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

15. MAIDEN NAME Mary Upp

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

17. INFORMANT (ADDRESS) Mary Murdock Parnell mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Centenary DATE 1-17 1937

19. UNDERTAKER (ADDRESS) A. J. Ross & Co Parnell mo

20. FILED 1-17 1937 Wallace F. Kennedy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15 1937

22. I HEREBY CERTIFY, That I attended deceased from June 30 1936 to 1-15 1937
 I last saw him alive on 1-14 1937. Death is said to have occurred on the date stated above, at 11 a.m.
 The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis Date of onset _____

Other contributory causes of importance: Bright's disease & Dropsy Chronic

Name of operation Tappal Date of 1-8

What test confirmed diagnosis? _____ Was there an autopsy? no

28. 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) Egbert Crowson M. D.

(Address) Parnell mo

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