

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

Do not use this space.

FEB 8 1937

File No. 3541
Registered No. 574
St. _____ Ward _____

1. PLACE OF DEATH
County _____ Registration District No. _____
Township _____ Primary Registration District No. 791
City St. Louis (No. City Hospital No. 4008)
2. FULL NAME Phoebe Murray
(a) Residence, No. 3702 Rutger St. 18 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
4. COLOR OR RACE Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8 - 30 - 1875
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 4 7

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 - 7 - 1937
22. I HEREBY CERTIFY, That I attended deceased from 1 - 5 - 1937, to 1 - 7 - 1937.
I last saw her alive on 1 - 7 - 37, 19... Death is said to have occurred on the date stated above, at 5:15 Am.
The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

Hypertensive Heart Disease 1-5-37
Other contributory causes of importance: 95%
Date of onset: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala. 2
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

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 _____

17. INFORMANT Ruby P. erdeau (ADDRESS) 2945 Lawton
18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Pk. Cem. Jany. 14 1937
19. UNDERTAKER A. Russell Undertaking Co. (ADDRESS) 2732 Pine Street
20. FILED JAN 14 1937 19 J. Predeck Registrar.

24. Was disease or injury in any way related to occupation of deceased? If so, specify. (Signed) A. L. Lewis, M. D. (Address) 2945 Lawton

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE AND CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

