

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.

**1. PLACE OF DEATH**

**FEB 8 1937 791**

File No. **3913**  
Registered No. **950**

County.....  
Township.....  
City **St. Louis, Mo.** (No. ....)

Registration District No. ....  
Primary Registration District No. ....  
**CITY HOSPITAL No. 1003**

St. .... Ward)

**2 FULL NAME** **Cora Murray**  
(a) Residence, No. **2918 Delmar Ave.** St. **21** Ward. **1**  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred **78** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Female  
**4. COLOR OR RACE** Col.  
**5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Widow  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**  
**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** About 1848  
**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
About 89  
**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.** Nil  
**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.** 262  
**10. Date deceased last worked at this occupation (month and year)** .....  
**11. Total time (years) spent in this occupation** .....

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Jan. 8 1937  
**22. I HEREBY CERTIFY**, That I attended deceased from **1-8-37** to **1-8-37**  
I last saw her alive on **1-8-37** Death is said to have occurred on the date stated above, at **12:35 P. M.**  
The principal cause of death and related causes of importance were as follows:

*Pulmonary Tuberculosis* Date of onset

Other contributory causes of importance: **23**

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 .....  
(Signed) *A. L. Lewis*, M. D.  
(Address) **2945 Lawton Ave.**

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Ark. 2  
**13. NAME** Unknown  
**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Unknown 34  
**15. MAIDEN NAME** Unknown  
**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** " 31  
**17. INFORMANT** **Ruby Perdeau**  
(ADDRESS) **2945 Lawton Ave.**  
**18. BURIAL, CREMATION, OR REMOVAL**  
PLACE **St. Louis U** DATE **1-19-37**  
**19. UNDERTAKER** **W. Richter**  
(ADDRESS) **3512 Rutledge St**  
**20. FILED** **JAN 21 1937** *J. Bredeck*  
Registrar.

