

AUG 19 1937

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

Do not use this space.

26808

1. PLACE OF DEATH
 County Calderwell Registration District No. 96
 Township Hamilton Primary Registration District No. 4058
 City Hamilton (No. _____) St. _____ Ward _____

2. FULL NAME James Isaac Murrel
 (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.

MEDICAL CERTIFICATE OF DEATH

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3. SEX male
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lavetta Murrel
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 2 1858
 7. AGE YEARS 79 MONTHS 5 DAYS 19
 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired farmer
 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) Little Rock Arkansas
 13. NAME James Murrel
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unable to ascertain
 15. MAIDEN NAME Mary Jane
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unable to ascertain
 17. INFORMANT Mildred Teich
 (ADDRESS) Lawrence Kansas
 18. BURIAL, CREMATION, OR REMOVAL PLACE Highland cemetery DATE July 23, 1937
 19. UNDERTAKER G. P. Niccoghton
 (ADDRESS) Hamilton Mo.
 20. FILED July 23, 1937 Merle Brown Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21, 1937
 22. I HEREBY CERTIFY That I attended deceased from Jan 18, 1934 to July 20, 1937
 I last saw him alive on July 20, 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 nephritis and very persistent high blood pressure. I was out of City. Evidently cerebral hemorrhage caused death.
 Other contributory causes of importance: _____
 Date of onset _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Phys. Diag. 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? no
 If so, specify _____
 (Signed) Deed Ends, M. D.
 (Address) Hamilton Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

