

AUG 30 1937

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

Do not use this space.

28159

PLACE OF DEATH

County Randolph
Township Moniteau
City Nigbee P.O. (No.)

Registration District No. 732
Primary Registration District No. 732
4437

File No. 110
Registered No. 732
St. Ward

FULL NAME Margaret Mure

(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

X female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

John MureDATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 27 1855

AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>82</u>	<u>4</u>	<u>6</u>	

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

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

BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland13. NAME John Wilson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland15. MAIDEN NAME Jeannett Snedden16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ScotlandINFORMANT Roy Mure (ADDRESS) Nigbee P.O.BURIAL, CREMATION, OR REMOVAL PLACE Lucker Cem. DATE July 23 1937UNDERTAKER Joe W Burton (ADDRESS) Nigbee P.O.FILED July 21 1937 (Address) W. J. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21 - 1937

22. I HEREBY CERTIFY, That I attended deceased from

July 19, 1937, to July 21 - 1937I last saw him alive on July 21, 1937. Death is saidto have occurred on the date stated above, at 1:25 A.M.

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

Cerebral Apoplexy Date of onset 7/19/37

Other contributory causes of importance:

Arterio Sclerosis

Name of operation Date of

What test confirmed diagnosis? Chemical 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

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) C. F. Burkhalter, M. D.(Address) Nigbee Missouri

