

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

OCT 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jefferson  
Township Meramec  
City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

Registration District No. 425  
Primary Registration District No. 5580

File No. 34563

Registered No. \_\_\_\_\_

2. FULL NAME Charles James Murray

(a) Residence, No. 2168 Oak Ave., Wollaton, Mo. St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) St. Joseph's Hill Infirmary (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. — mos. 2 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>divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth Murray</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7/19/1873</u>		
7. AGE YEARS <u>64</u>	MONTHS <u>1</u>	DAYS <u>17</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labourer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Coal Engineer</u>
	10. Date deceased last worked at this occupation (month and year) <u>1926</u>
11. Total time (years) spent in this occupation _____	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Floissant, Mo

13. NAME John Murray

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville, Mo.

15. MAIDEN NAME Sarah Israel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT St. Joseph's Hill Infirmary  
(ADDRESS) By Ch. Rosenthal

18. BURIAL CREMATION, OR REMOVAL PLACE Memorial Park DATE 9/9/37

19. UNDERTAKER (ADDRESS) St. Louis, Mo. State Undertaker

20. FILED 9/16 37 James A. [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/16/1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1937, to Sept 4, 1937.

I last saw him alive on Sept. 4, 1937. Death is said to have occurred on the date stated above, at 11:15 p.m.

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

Pneumo-Pneumonia

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) Jesse S. Sargent, M. D.

(Address) Boonville, Mo.

