

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kan
City Kansas City

Registration District No. 399
Primary Registration District No. 1002

File No. 1765
Registered No. 453
St. _____ Ward _____

2. FULL NAME Olive Murdoch 632

(a) Residence, No. 3423 Park St. _____ Ward _____

(Usual place of abode)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-9-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 5 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Penn

13. NAME Sam Murdoch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

15. MAIDEN NAME Nancy Riggle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

17. INFORMANT (ADDRESS) Reynold Clark

18. BURIAL, CREMATION, OR REMOVAL St. Louis, Mo. 1-29-38

19. UNDERTAKER (ADDRESS) Quinn - 1212

20. FILED Jan 28 1938 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-4-37 to 1-28-38

I last saw him alive on 1-28-38 Death is said to have occurred on the date stated above, at 4:30 AM

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

Fractured right femur - accidental fall in home 1/8/38
Other contributory causes of importance: Periosteal Bony Pneumonia

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following Accident, suicide, or homicide? Acc. Date of injury 1-2-38, 19 _____

Where did injury occur? at home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fall

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) P. F. De Maria, M. D.

(Address) Supt. K.C. Gen Hosp

726 Mo

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.

RECEIVED

FEB 12 1937

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH