REC'D APR 9 1938

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

Do not use this space.

File No. 10252

Registered No. 9

1. PLACE OF DEATH

County: Butler

Township: ~~Neely~~

City: Neelyville (No. ..., ... St. ..... Ward)

Registration District No. 88

Primary Registration District No. 4054

2. FULL NAME: Elizabeth Jane Murray 600

(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

3. SEX: Female

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: John Preston Murray

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb, 12, 1861

7. AGE: Years 77 Months 1 Days 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): 1937

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Galatia Ill.

FATHER

13. NAME: Thomas Mace

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown Ill.

MOTHER

15. MAIDEN NAME: KETIN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): GALATIA ILL.

17. INFORMANT (ADDRESS): Logan Murray

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Fairdealing DATE: Mar. 20 38

19. UNDERTAKER (ADDRESS): Minnie Gish Funeral Service Naylor, Mo.

20. FILED: Mar 19 1938 B. L. Turner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar. 18. 1938

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1938, to March 18, 1938

I last saw her alive on March 18, 1938. Death is said to have occurred on the date stated above, at 8 P.M.

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

	Date of onset
Chronic Myocarditis	1934
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Other contributory causes of importance:

Chronic Nephritis	1926

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) B. L. Turner, M. D.

(Address) Neelyville Mo.

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.