

REC'D JUN 7 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County Greene  
Township Walnut Grove  
City Walnut Grove (No. 1)

Registration District No. 925  
Primary Registration District No. 573D

File No. 18329  
Registered No. XXXI  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Annie Bertie Murray

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF N. L. Murray

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 24, 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
56 4 1

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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

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

13. NAME Thomas Cassin

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

15. MAIDEN NAME Matha Barnes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk Co., Mo.

17. INFORMANT (ADDRESS) N. L. Murray  
Walnut Grove, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Ridge DATE 4-27-1938

19. UNDERTAKER (ADDRESS) Arion Funeral Home  
Walnut Grove, Mo.

20. FILED June 6, 1938 Etha B. M. Colwell Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25, 1938

22. I HEREBY CERTIFY, that I attended deceased from Jan 27, 1938 to Apr 24, 1938  
I last saw her alive on Apr 24, 1938 Death is said

to have occurred on the date stated above, at 4:29 a.m.

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

Peritonitis  
Heart disease

Other contributory causes of importance: 7/12

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) J. P. Carby M. D.

295 (Address) Walnut Grove, Mo.

This certificate may be properly classified. Exact statement of OCCUPATION is very important.

TO THE HONORABLE  
MEMBERS OF THE HOUSE OF REPRESENTATIVES  
IN SENATE CHAMBERS  
WASHINGTON, D. C.

RECEIVED THE HOUSE OF REPRESENTATIVES JAN 15 1954

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

18329

Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 325  
(b) Township Walnut Grove Primary Registration District No. 54570  
(c) City..... (d) Street No..... Registered No.....  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Annie Bertie Murray  
(a) Residence, No. .... St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 25, 1935

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

22. I HEREBY CERTIFY, that I attended deceased from 19..... to 19.....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
36 4 1

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.....  
9. Industry or business in which work was done, as saw mill, bank, etc.....  
11. Total time (years) spent in this occupation.....

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Other contributory causes of importance:

FATHER 13. NAME

Name of operation..... Date of.....

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

What test confirmed diagnosis?..... Was there an autopsy?.....

MOTHER 15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

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

Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS)

Manner of injury.....  
Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL

PLACE..... DATE....., 19.....

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

19. FUNERAL DIRECTOR (ADDRESS)

If so, specify (Signed) J. W. Barber, M. D.

20. FILED April 25 1935 Etta B. McClure Local Registrar

(Address) Walnut Grove

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
STATE OF MISSOURI in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

