

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.

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

Do not use this space.

REC'D JUN 17 1938

1. PLACE OF DEATH

County Lafayette
 Township
 City Odessa (No., St. Ward)

Registration District No. 464
 Primary Registration District No. 4277

File No. 18677
 Registered No. 33

2. FULL NAME Bobby Dean Murray

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

Length of residence in city or town where death occurred yrs. 13 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single	
		5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 20, 1924			
7. AGE	YEARS	MONTHS	DAYS
	13	(9	10
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy		
	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)		
FATHER	11. Total time (years) spent in this occupation		
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Odessa Mo.		
	13. NAME Frank Murray.		
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Napoleon, Mo.		
	15. MAIDEN NAME Frances Barker		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Odessa, Mo.		
17. INFORMANT Frank Murray (ADDRESS) Odessa, Mo.			
18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Prairie, 6 1/2 I 138			
19. UNDERTAKER L. O. Gusman (ADDRESS) Odessa, Mo.			
20. FILED 5/31 1938 Mrs. E. M. Gordin Registrar. (Address) Odessa, Mo.			

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5-29-1938**

22. I HEREBY CERTIFY, That I attended deceased from **5-29-1938** to **5-29-1938**

I last saw him alive on, 19..... Death is said to have occurred on the date stated above, at **1:30** p.m.

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

Other contributory causes of importance:
1877

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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 **5-29-1938**
 Where did injury occur? **Raymond pond Odessa Mo**
 (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 **trauma while swimming**

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify.....
 (Signed) **E. M. Gordin**, M. D.
 (Address) **Odessa, Mo.**

