

REC'D JUN 22 1938

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

Do not use this space.

1. PLACE OF DEATH

County Madison
Township St. Michael
City (No. _____) _____

Registration District No. 53E
Primary Registration District No. 5723

File No. _____
Registered No. 46 St. _____ Ward _____

2. FULL NAME

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8 - 1938

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Madison Co Mo

13. NAME Henry Murray

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

15. MAIDEN NAME Nettie Mitchell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Duquoin, Ill

17. INFORMANT (ADDRESS) Mrs Whitworth Fredericktown Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mrs. Cents Fredericktown DATE 78

19. UNDERTAKER (ADDRESS) Chas. Webb Fredericktown Mo

20. FILED May 5, 1938 S. C. Slaughter Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8 - 1938

22. I HEREBY CERTIFY, That I attended deceased from May 7 - 1938 to May 8 - 1938

I last saw him alive on May 7, 1938 to May 8, 1938. Death is said to have occurred on the date stated above, at Fredericktown, Mo. The principal cause of death and related causes of importance were as follows: Died in prison of birth by strangulation, cord around neck and under arm and drawn so tight. Cord was white and all blood came, other contributory causes of importance: white matter of brain.

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 _____, 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 Cord around neck and under arm

Nature of injury strangulation

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) M. B. Barber, M. D.

(Address) Fredericktown Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS SHOULD STATE

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