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.

100M-11-2003

OCT 18 1938

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

Do not use this space.

1. PLACE OF DEATH
County Jasper
Township Mineral
City T B Hospital (No. ..... St. ..... Ward)

Registration District No. 413
Primary Registration District No. 5559C

File No. 32501
Registered No. 49

2. FULL NAME James B. Murk
(a) Residence, No. 309 Michigan St., Ward. Joplin
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 3 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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) July 28 - 1899

7. AGE YEARS 39 MONTHS 9 DAYS 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bartender
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) Washburn, Mo

FATHER
13. NAME G. A. Murk
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norway

MOTHER
15. MAIDEN NAME Josephine Stephens
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Records

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Dorcoin - Harvey DATE 9/13 1938

19. UNDERTAKER (ADDRESS) Thornhill - Dillon Joplin

20. FILED 10-1 1938 Harry A. Weaver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1937, to Sept 11, 1938
I last saw him alive on Sept 11, 1938. Death is said to have occurred on the date stated above, at 10 45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Res Spu 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? No
If so, specify
(Signed) Jesse E. Douglass, M. D.
(Address) Webb City

RECEIVED
District Health Officer No. 6,
District File Number 6-38-379
Date Filed 10/14/38