

DECD DEC 19 1938

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

38503

Do not use this space.

1. PLACE OF DEATH

(a) County Barry Registration District No. 30
 (b) Township 1 Primary Registration District No. 3003
 (c) City Monett (d) Street No. 620 N. Sixth St. Registered No. 52
 (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

Olma Edith W. Murray
 (a) Residence, No. 620 N. Sixth St. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-14-1870
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 68 9 11
 OCCUPATION 8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 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) Ill 1

FATHER 13. NAME Joseph Thomas

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

MOTHER 15. MAIDEN NAME Eliza Jane Gluck

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

17. INFORMANT (ADDRESS) Mrs. J. E. St. John

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park Springfield, Mo. DATE Nov 27 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. Klugner & Co.
454 E. Canal St. Springfield, Mo.

20. FILED 11-25-38 W. M. West
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-25 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1 1938 to 11-25 1938
 last saw her alive on 11-25 1938 Death is said

to have occurred on the date stated above, at 10 A. m.
 The principal cause of death and related causes of importance were as follows:

Chr. parenchymatous nephritis Date of onset July 1 - 38

Other contributory causes of importance:
Arterio Sclerosis
Hypertensive heart disease

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? No
 If so, specify _____
 (Signed) Ernest Mitchell, M. D.
 (Address) Monett Mo

RECEIVED

District Health Officer No. 6,

District File Number 6-38-814

Date Filed DEC 16 1938

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.