

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

Do not use this space.

REC'D FEB 21 1939

4190

1. PLACE OF DEATH

County Vernon

Registration District No. 270

File No. 4190

Township Hume Mo.

Primary Registration District No. 6104

Registered No. _____

City Hume Mo. (No. _____)

St. _____ Ward _____

2. FULL NAME Lester F. Murray

(a) Residence, No. Hume, Mo. St. _____ Ward _____

(Usual place of abode) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-8-1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
45 2 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) Jan 10 1939 11. Total time (years) spent in this occupation Life

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

13. NAME Lee Murray.

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

15. MAIDEN NAME Ida Pierce.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record.

17. INFORMANT Ann Sheehy Murray (ADDRESS) Hume, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rich Hill, Mo. DATE Jan-14-1939

19. UNDERTAKER George A. Konantz. (ADDRESS) Fort Scott, Kansas

20. FILED Jan 20 1939 Wm. B. Denton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-12-, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to Jan-12-, 1939

I last saw him alive on Jan-12, 1939 Death is said to have occurred on the date stated above, at 5:00 A.M.

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

Coronary Occlusion Jan 12/39
94%

Other contributory causes of importance:

Atherosclerosis 1938

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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? _____

If so, specify _____

(Signed) Wm. B. Denton, M. D.

(Address) Hume, Mo.

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.

RECEIVED

District Health Officer No. 7;

District File Number

1-29-306

Date Filed

2-13-39