REC'D MAR 16 1939

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

Do not use this space.

File No. 7006
Registered No. 11

1. PLACE OF DEATH
54 County Lafayette — Registration District No. 464
Township Clay — Primary Registration District No. 5622A
City ... (No. ... St. ... Ward)

2. FULL NAME 600 Wesley Elmer Murry
(a) Residence, No. ... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 1 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: Pauline Murry
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 10-1911
7. AGE: YEARS 27, MONTHS 10, DAYS 29. If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
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.
10. Date deceased last worked at this occupation (month and year): Feb 4-1939
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Napoleon Mo.

FATHER
13. NAME: John Murry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Minnie Walters
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT: Pauline Murry
(ADDRESS): Odessa, Mo. R.R.#3

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasant Prairie DATE 2/11 1939

19. UNDERTAKER: Briscoe & Sons
(ADDRESS): Odessa, Mo.

20. FILED 2-10-1939 Mrs E. M. Goodwin, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-9, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-5, 1939, to 2-9, 1939
I last saw him alive on 2-9, 1939. Death is said to have occurred on the date stated above, at 2 p.m.
The principal cause of death and related causes of importance were as follows: Pneumonia Lobar — Date of onset 2-4-39

Other contributory causes of importance: (1) Chronic Sinusitis (2) Polyps; Scarlet Fever — 1-5-39

Name of operation: None. 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? no. 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: None
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify ...
(Signed) M. Martin MD, M. D.
(Address) Odessa, Mo.

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.

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RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3/4/39