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.

REC'D APR 18 1939

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

Do not use this space.

1. PLACE OF DEATH

County Cedar — Registration District No. 167 — File No. 10449

Township Madison — Primary Registration District No. 5233 — Registered No.

City ~~Fair Play,~~ Mo. (No. ..., ... St. ..... Ward)

2. FULL NAME Clyde Olen Murray,

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 9 1883

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
56	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Carrol Co, Mo.

FATHER

13. NAME J.E. Murray

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

MOTHER

15. MAIDEN NAME Emma Cox,

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

17. INFORMANT (ADDRESS) Ira Murray, Fair Play, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethel DATE Mar. 1 1939

19. UNDERTAKER (ADDRESS) Frank W. Barker Fair Play, Mo.

20. FILED March 25, 1939 B. A. Cheek Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 24 1939, 19..., to Feb 28 1939, 19...
I last saw him alive on Feb 24 1939 19... Death is said to have occurred on the date stated above, 12 Noon.
The principal cause of death and related causes of importance were as follows:

Undetermined — Date of onset

200 12

Other contributory causes of importance:

#

None

Name of operation None Date of No

What test confirmed diagnosis? None 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. No

Manner of injury #

Nature of injury #

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

(Signed) Chas H Brown, M. D.

157 (Address) Fair Play Mo

RECEIVED
District Health Officer No. 7,
District File Number 1-39-5-30
Date Filed 4-12-39