

REC'D JUN 13 1938

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

19662

Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Francois Registration District No. 772  
(b) Township Randolph Primary Registration District No. 6024C  
(c) City Clum Street No. \_\_\_\_\_  
(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. 49 (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. 874

## 2. PRINT FULL NAME

(a) Residence, No. \_\_\_\_\_ St.  \_\_\_\_\_  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6 - 1907

7. AGE YEARS 36 MONTHS 2 DAYS 21 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as saw mill, bank, etc. factory worker  
10. Date deceased last worked this occupation (month and year) 1938 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doer Run mo

FATHER 13. NAME Jacob William Murray  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doer Run mo

MOTHER 15. MAIDEN NAME Mary Jane Crawford  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doer Run mo

17. INFORMANT (ADDRESS) May Neum.  
Clum mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Doer Run DATE July 27, 1938

19. FUNERAL DIRECTOR (ADDRESS) Spash & Son 697  
Clum mo

20. FILED 6/4 1938 B. B. Barron MD  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from 2-27, 1938, to July 25, 1938.

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at 6:30 a.m.

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

Acute Rheumatic Fever  
anura  
Date of onset \_\_\_\_\_

Other contributory causes of importance: Rheumatic Fever

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) C. H. Appberry, M. D.

(Address) Flax River mo

**STATEMENT BY LICENSED EMBALMER**

I, ..... Licensed Embalmer No. ....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by .....  
..... L. E. ....  
No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.  
Signed .....  
..... Licensed Embalmer No. ....

**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.)**