

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

REC'D JUL 11 1939

22123

Do not use this space.

## 1. PLACE OF DEATH

(a) County GREENE Registration District No. 316  
 (b) Township \_\_\_\_\_ Primary Registration District No. 2001  
 or \_\_\_\_\_  
 (c) City SPRINGFIELD (d) Street No. 981 N. Broadway St.  
 (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 Margaret Murray

(a) Residence, No. 471 E. Harrison 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 3, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 5 8

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.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Jonesboro  
 (STATE OR COUNTRY) Arkansas

FATHER 13. NAME Rev. Wm. A. Young

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Vonita Murray  
 (ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Hazelwood DATE June 13, 1939

19. FUNERAL DIRECTOR (NAME) H.H. Lohmeyer 290  
 (ADDRESS) Springfield, Mo.

20. FILED 6-13-39 Chas. A. George Local Registrar (Address) 318 1/2 College St

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11, 1939

22. I HEREBY CERTIFY That I attended deceased from May 23<sup>rd</sup>, 1939, to June 11, 1939

I last saw him alive on June 11, 1939. 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:

Hypertensive Cardiac  
Vascular Kidney  
disease  
121

Date of onset

Other contributory causes of importance:

Delirium (active)  
Equation  
Pneumonia

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) Clayton Elkins, M.D.  
 (Address) 318 1/2 College St

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**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.**

