

NOV 20 1940

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

39636  
Do not use this space.

1. PLACE OF DEATH  
 (a) County St. Francois Registration District No. 224  
 (b) Township Randolph Primary Registration District No. 4465  
 (c) City Flat River (d) Street No. \_\_\_\_\_ St.  
 (e) Length of residence in city or town where death occurred 0 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.  
 2. PRINT FULL NAME John J. Murray  
 (a) Residence, No. Flat River 17 St.  (If nonresident, give city or town and State)

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 Oris Estelle Taylor  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4, 1880  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 60 7 11  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. W.P.A.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Blaster  
 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) St. Francois Co. Missouri

FATHER 13. NAME Brown Murray  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Ruth Beck  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs. John Murray Flat River, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Francois DATE Oct. 14, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. J. Boyer Deolage, Mo.

20. FILED 10/24 1940 C. Boyer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 12, 1940  
 22. I HEREBY CERTIFY, That I attended deceased from 10-4 1940, to 10-12-40, 1940.  
 I last saw him alive on 10-12, 1940. Death is said to have occurred on the date stated above, at 1:40 A.M.  
 The principal cause of death and related causes of importance were as follows:

acute Dehydration of Heart Date of onset 10-4-40  
 Other contributory causes of importance: Chronic Hypertension 31 Small  
hypertension heart  
Silicosis lung

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis History of pleural effusion Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? L Date of injury L, 1940  
 Where did injury occur? L (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
 Manner of injury L  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? yes  
 If so, specify Silicosis from working in lead mine  
 (Signed) Paul J. Jones, M. D.  
 (Address) Flat River, Mo.

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.

**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 E. J. Boyer

Licensed Embalmer No. V1671

P. O. Address Deer Lake, Calif

**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.**