

FILED OCT 13 1940

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

32596

Do not use this space.

1. PLACE OF DEATH

(a) County Moniteau
(b) Township Wright
(c) City or California(d) Registration District No. 371
Primary Registration District No. 4335Registered No. 56

(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

(a) Residence, No. Adla Mae Murray St. California (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 5, 1928
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
11 9 22OCCUPATION 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 occupation12. BIRTHPLACE (CITY OR TOWN) California (STATE OR COUNTRY) Mo.FATHER 13. NAME Joseph Griff Murray14. BIRTHPLACE (CITY OR TOWN) Cole Co., Mo. (STATE OR COUNTRY)MOTHER 15. MAIDEN NAME Dottie Byrd16. BIRTHPLACE (CITY OR TOWN) Miller Co., Mo. (STATE OR COUNTRY)17. INFORMANT Joseph Griff Murray (ADDRESS)18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 9-29 194019. FUNERAL DIRECTOR (NAME) J. W. Wilson & Son (ADDRESS) California, Mo.20. FILED 9-30-1940 A. R. Popejoy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 27 194022. HEREBY CERTIFY, That I attended deceased from Sept. 6 1940 to Sept. 27 1940I last saw him alive on Sept. 27 1940. Death is said to have occurred on the date stated above, at 8 P.M.

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

Typhoid Fever Date of onset 9/16/40Other contributory causes of importance: Nasal & Bowel hemorrhages 9/15/40

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?.....

If so, specify.....

(Signed) J. G. Benion M.D.(Address) California, Mo.

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 G. E. Wilson

Licensed Embalmer No. 2351

P. O. Address California, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.