

REC'D AUG 11 1938

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

Do not use this space.

1. PLACE OF DEATH

 County Cole
 Township Marion
 City (No. 211)

 Registration District No. 211
 Primary Registration District No. 5291

 File No. 25145
 Registered No. 147 (Ward)

2. FULL NAME

 (a) Residence, No. Lucretia Jane Murray St. Mo. Ward. 1000
 (Usual place of abode) (If nonresident, give city or town and State)

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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Columbus L. Murray</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 26, 1851</u>				
7. AGE	YEARS <u>87</u>	MONTHS <u>0</u>	DAYS <u>13</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	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	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marion, Mo</u>			
	13. NAME (1st name unknown) <u>Gouge</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
	15. MAIDEN NAME (1st name unknown) <u>Hudson</u>			
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
	17. INFORMANT <u>Mrs. Ethel Murray</u> (ADDRESS) <u>Centerton, Mo</u>			
18. BURIAL, CREMATION, OR REMOVAL				
PLACE <u>Centerton, Mo</u> DATE <u>July 11, 1938</u>				
19. UNDERTAKER <u>Hugo H. Schubert</u> (ADDRESS) <u>Centerton, Mo</u>				
20. FILED <u>7/9</u> 19 <u>38</u> <u>H. I. Beach, R.D.</u> Registrar. <u>121</u> (Address) <u>Centerton, Mo.</u>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>July 9, 1938</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>June 29, 1938</u> to <u>July 9, 1938</u> First saw her alive on <u>July 9, 1938</u> . Death is said to have occurred on the date stated above, at <u>6:30 p.m.</u> The principal cause of death and related causes of importance were as follows: <u>Broncho-Pneumonia</u> Date of onset <u>1938</u>
Other contributory causes of importance: <u>none</u>
Name of operation <u>none</u> Date of <u>none</u>
What test confirmed diagnosis? <u>none</u> Was there an autopsy? <u>no</u>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>no</u> Date of injury <u>none</u> , 19 <u>38</u> Where did injury occur? <u>none</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.
Manner of injury <u>none</u>
Nature of injury <u>none</u>
24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>none</u> (Signed) <u>Frank J. Nichols</u> , M. D. <u>Centerton, Mo.</u> (Address)

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.

