

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

Do not use this space.

4258

1. PLACE OF DEATH

103 County Stoddard Registration District No. 840
 Township Duck Creek Primary Registration District No. 6102
 City Bevier Mo (No. _____) St. _____ Ward _____

2. FULL NAME

Floyd Junior Murdock
 (a) Residence. No. _____ St. _____ Ward _____
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED, (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 6 = 1930

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>✓</u>	<u>2</u>	<u>29</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Puycia Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Floyd Murdock

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Puycia Mo
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Holcomb

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bevier Mo
 (STATE OR COUNTRY)

14. INFORMANT Floyd Murdock
 (Address) Puycia Mo

15. FILED 15, 1931 E L Hope
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 5 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1930, to Jan 5, 1931, and that I last saw him alive on Jan 4, 1931, and that death occurred, on the date stated above, at 12:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cretic of bowels

(duration) _____ yrs. _____ mos. 15 ds.

CONTRIBUTORY (SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E L Edmone, M. D.

1/5, 1931 (Address) Puycia Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Duck Creek Cemetery DATE OF BURIAL 1-6 1931

20. UNDERTAKER Hickman White Store ADDRESS Puycia Mo

WHITE PRINT WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

FEB 21 1931

