

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

Do not use this space.

13784

1. PLACE OF DEATH
 County Greene Registration District No. 317
 Township Republic Mo Primary Registration District No. 4192
 City Republic Mo (No.) St. Ward

2. FULL NAME Murray Witcher Ayres Jr
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 17 hrs. or min.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work none
 (b) General nature of industry, business, or establishment in which employed (or employer) none
 (c) Name of employer none

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

10. NAME OF FATHER Murray Witcher Ayres

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

12. MAIDEN NAME OF MOTHER Andy Mae Endicott

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

14. INFORMANT Murray W Ayres
 (Address) Republic Mo

15. FILED 4-7-31 V. U. Shower
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 7 1931

17. I HEREBY CERTIFY, That I attended deceased from April 6, 1931 to April 7, 1931 that I last saw h. alive on April 6-9:00am, 1931, and that death occurred, on the date stated above, at 2:15 a.m. 1931

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Failure development of oslors
MC of Heart
15 (duration) yrs. 13 mos. da.

CONTRIBUTORY (SECONDARY) no cause known
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH at his Home

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Signs
 (Signed) E. L. Peal, M. D.
 , 19 (Address) Republic 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 Humanville Cemetery DATE OF BURIAL 4-7-1934

20. UNDERTAKER Joseph Undertaking Co. ADDRESS Humanville Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 28 1931

