

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

Do not use this space.

39278

1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township St. Joseph Hosp. Primary Registration District No. 2001
 City St. Joseph, Mo. (No. St. Josephs Hospital)

File No. _____
 Registered No. 1305 St. _____ Ward)

2. FULL NAME

Stewart Murdoch
 (a) Residence. No. Rock Port, Mo. 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. 9 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 16, 1892

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
41 | 0 | 15

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

9. BIRTHPLACE (CITY OR TOWN) Washington Court
 (STATE OR COUNTRY) Texas

10. NAME OF FATHER Woodward Murdoch

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Washington
 (STATE OR COUNTRY) Texas

12. MAIDEN NAME OF MOTHER Margaret E. Nason

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Washington
 (STATE OR COUNTRY) Texas

14. INFORMANT Esther Murdoch
 (Address) Rock Port, Mo.

15. FILED 12-31-1933 John R. Bender
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 31st 1933

17. I HEREBY CERTIFY, That I attended deceased from December 28, 1933, to December 31, 1933 that I last saw him alive on Dec. 31st, 1933, and that death occurred, on the date stated above, at 11:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
 (2) Generalized Peritonitis
 (1) Hangrenous Perforated Appendix

CONTRIBUTORY (SECONDARY) Toxemia
 (duration) yrs. mos. 6 da.
 (duration) yrs. mos. 5 da.

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

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Dec. 28, 1933

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory & operation

(Signed) Cabrey Wortley, M.D.
Dec. 31, 1933 (Address) 731 Faraon St., St. Joseph, 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 near Rock Port - mo DATE OF BURIAL Jan 1934

20. UNDERTAKER Chas. C. Johnson ADDRESS Hamburg Iowa

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JAN 26 1934

