WRITE PLAINLY, 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.

MAR 24 1934

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

Do not use this space.

4977

1. PLACE OF DEATH
County JACKSON — Registration District No. 389 — File No.
Township ~~KAW~~ — Primary Registration District No. 8002 — Registered No. 702
City KANSAS CITY (No. 925- EAST- 9TH St. Ward)

2. FULL NAME WARREN R MURRAY
(a) Residence, No. 925- EAST- 9TH St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 13 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): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (~~OR WIFE OF~~) MRS. EVA MURRAY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT-23-1873

7. AGE — YEARS 60 — MONTHS 4 — DAYS 18 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. PRINTER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. K.C. STAR
10. Date deceased last worked at this occupation (month and year) 1932
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) UNKNOWN (STATE OR COUNTRY) IOWA

FATHER
13. NAME UNKNOWN MURRAY
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT MRS. EVA MURRAY (ADDRESS) 925- EAST- 9TH ST.

18. BURIAL, CREMATION, OR REMOVAL
PLACE FOREST HILL DATE FEBR-14 1934

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) KANSAS CITY MISSOURI

20. FILED 2/13 1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEBRUARY-11, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-8- 1934, to 2-11- 1934
I last saw him alive on 2-11- 1934. Death is said to have occurred on the date stated above, at 11:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2-5-34
108	

108

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clin — Was there an autopsy? No.

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) W. P. Grimes, M. D.
(Address) Tenth & Harrison K.C. Mo

Rev. W. V. Grimes
10th & Harrison St.
9:30 -11