

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 22

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

Do not use this space.

741

1. PLACE OF DEATH

County De Kalb
Township De Kalb
City Union Star (No.)

Registration District No. 262
Primary Registration District No. 2624162

File No.
Registered No.
St. Ward

2. FULL NAME

Wesley Henry Murshaw

(a) Residence, No. Union Star Mo. St., Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 26 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 Nellie Murshaw

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6, 1878

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
56 8 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck driver

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) Jan 7 11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kirkwood
Illinois

13. NAME Joseph Jackson Murshaw

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnstown
Indiana

15. MAIDEN NAME Jeanette Stevenson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland County
Indiana

17. INFORMANT Nellie Murshaw
(ADDRESS) Union Star Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Star Mo. DATE Jan 27 1935

19. UNDERTAKER Lucy M. Wilson
(ADDRESS) Union Star Mo

20. FILED Jan 26, 1935 E. M. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25 1935

22. I HEREBY CERTIFY That I attended deceased from Jan 10 1935 to Jan 25 1935

I last saw him alive on Jan 20 1935 Death is said to have occurred on the date stated above, at 12:30 A.M.

The principal cause of death and related causes of importance were as follows:

Anginal Pectoris following attack of Influenza

Date of onset

7-23-35

Other contributory causes of importance:

94

Name of operation Chloroform Date of no

What test confirmed diagnosis Chloroform 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) E. M. Reynolds M. D.

(Address) Union Star Mo

