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.

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

Do not use this space.

APR 23 1936

11065

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 1742

City Kansas City — (No. Menoriah Hosp. St. Ward)

2. FULL NAME Richard S. Murray

(a) Residence, No. Hoyt Hotel St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Ma.
4. COLOR OR RACE: Wh.
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) Unknown About 78 Yrs.

7. AGE: about 78 YEARS — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Employee Water Dept.
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

FATHER

13. Peter Murray
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

MOTHER

15. MAIDEN NAME Sarah Mallon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Rev. J. P. Murray (ADDRESS) St. Louis Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis Mo. DATE 5/31/36 19

19. UNDERTAKER V. F. Mayberry (ADDRESS) City

20. FILED Mch 31, 1936 M. M. Crown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/29/36, 19

22. I HEREBY CERTIFY, That I attended deceased from Mar 10, 1936 to Mar 29, 1936

I last saw him alive on ....., 19.... Death is said to have occurred on the date stated above, at 3PM. m.

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

Pernicious Anemia — Date of onset

93d 1

Other contributory causes of importance: myocarditis (heart failure)

Name of operation none — Date of

What test confirmed diagnosis? Laboratory tests — Was there an autopsy?

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? No

If so, specify

(Signed) Lawrence Jones, M. D.

(Address) 400 Argyle Bldg Kansas City, Mo

Argyle Bibly.
Ha 3880