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

Do not use this space.

No. 1

File No. 2583

Registered No. 4

1. PLACE OF DEATH

County: Daviess — Registration District No. 250

Township: Union — Primary Registration District No. 5348

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME: Jack William Murry 600

(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: 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: XXXX

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 10, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
5	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Child

10. Date deceased last worked at this occupation (month and year): XXX

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Daviess Co., Missouri

FATHER

13. NAME: Oscar Murry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Daviess Co., Missouri

MOTHER

15. MAIDEN NAME: May Manuel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Daviess Co., Missouri

17. INFORMANT (ADDRESS): Oscar Murry, Gallatin, Missouri

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Centenary Cem. DATE: Jan. 23, 1938

19. UNDERTAKER (ADDRESS): Hope Furn. & Und. Co., Gallatin, Mo.

20. FILED: Jan. 22, 1938 H. G. Hope, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): January 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1938, to Jan. 21, 1938. I last saw him alive on Jan. 19, 1938. Death is said to have occurred on the date stated above, at 10 A.m.

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

	Date of onset
Mitral Stenosis and cardiac disease	1936

Other contributory causes of importance:

Malnutrition & entire insanitary condition of life

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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 .....

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24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Floyd E. Nelson, M.D.

(Address) Gallatin, Mo.

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.