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.

REC'D MAY 24 1938

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

Do not use this space.

15724

File No. 220

Registered No.

1. PLACE OF DEATH

County: St Francois | Registration District No. 224

Township: ~~St Francois~~ | Primary Registration District No. 4465

City: Flat River (No. ..... St. ..... Ward)

2. FULL NAME: Eda Evelyn Murry

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

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5a. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Thomas Franklin Murry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 4/26/1855

7. AGE: Years 82 | Months 11 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House keeper

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

10. Date deceased last worked at this occupation (month and year): 4-23-3

11. Total time (years) spent in this occupation: 60 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hazel Run Mo

FATHER

13. NAME: Joshua Thurman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

MOTHER

15. MAIDEN NAME: Elnora League

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Marion Thurman Desloge Mo

18. BURIAL, CREMATION, OR REMOVAL: Hercules PLACE Cemetery DATE 4-24 1938

19. UNDERTAKER (ADDRESS): Caldwell Bros Flat River Mo

20. FILED 5/5 1938 O B Farmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 23 1938

22. I HEREBY CERTIFY, That I attended deceased from April 10 1938 to April 1938

I last saw her alive on April 20 1938. Death is said to have occurred on the date stated above, at 2:30 A.m.

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

	Date of onset
Myocardial	
Insufficiency	
121	

Other contributory causes of importance:

Nephritis Chr.

Name of operation — Date of

What test confirmed diagnosis? clinical 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) Daisy Appleberry, M. D.

(Address) Rivermines, Mo