

36046
Do not use this space.

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

1. PLACE OF DEATH
(a) County Phelps Registration District No. 677
(b) Township Ralla Primary Registration District No. 4403 Registered No. 136
(c) City Ralla (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Joseph Taylor Murray
(a) Residence, No. _____ St. _____
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Mary Alice Murray
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 5, 1860
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 2 1
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as 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) (STATE OR COUNTRY) Metcalf Co Kentucky
13. NAME Marcus Murray
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
15. MAIDEN NAME Myra Whitlow
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
17. INFORMANT Mrs. Mary A Murray (ADDRESS) Ralla
18. BURIAL, CREMATION, OR REMOVAL PLACE Ralla Cem. DATE 11/8, 1940
19. FUNERAL DIRECTOR (NAME) Mrs. Harry McCaw (ADDRESS) Ralla Mo.
20. FILED Nov. 8, 1940 Jos. F. Ayers (Address) Ralla, Mo.
Vital Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/6, 1940
22. I HEREBY CERTIFY, That I attended deceased from March, 1938, to Nov 6, 1940
I last saw him alive on Nov 1, 1940 Death is said to have occurred on the date stated above, at 2:00 p.m.
The principal cause of death and related causes of importance were as follows:
circulatory collapse with myocardial degeneration - clots Date of onset 11/4/40
Other contributory causes of importance: Carcinoma of Rectum
Name of operation _____ Date of _____
What test confirmed diagnosis? clots 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) Wm. Patterson M. D.
(Address) Ralla, 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.

THIS IS A PERMANENT RECORD

NOV 21 1940

X16303

RECEIVED

District Health Officer No. 5,

District File Number 11401162

Date Filed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ _____

Registered Apprentice No. _____

~~working under my personal supervision.~~

Signed _____

R. J. McQuinn

Licensed Embalmer No. _____

3953

P. O. Address _____

Rolla

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.