

NOTE WELL—INSTRUCTIONS ON THE REVERSE SIDE
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT FORM

Where Stillborn is given as cause of Death, file birth Certificate. 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.

PLACE OF DEATH

TEXAS STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

Reg. Dis. No. 431670
Registered No. 1824
B. O. V. S. FORM **D**

County Harris
City Houston

(No. 4919, Sherman St.; _____ Ward)

FULL NAME Mordello Stephen Murray (a) RESIDENCE No. _____ St. _____

(If nonresident give city or town and State)

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

SEX Male COLOR OR RACE White SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

DATE OF BIRTH August 22, 1883
(Month) (Day) (Year)

AGE 20 yrs. _____ mos. _____ ds.
If less than 2 years state if breast fed _____ If less than 1 day _____
Yes _____ No _____ hrs. _____ mins.

OCCUPATION (a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business or establishment in which employed (or employer) _____

BIRTHPLACE (State or country) Columbia Texas.

PARENTS
10 NAME OF FATHER J.L. Murray
11 BIRTHPLACE OF FATHER (State or country) Missouri.
12 MAIDEN NAME OF MOTHER Emma Munson
13 BIRTHPLACE OF MOTHER (State or country) Oyster Creek.

14 THE ABOVE IS TRUE
(Informant) J. Lee Murray,
(Address) Angleton, Texas,

15 Filed 11-23 1923 [Signature]
Registrar

MEDICAL PARTICULARS 32688

16 DATE OF DEATH November 22, 1923
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 192____, to _____, 192____ that I last saw h. _____ alive on _____, 192____ and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows:

_____ (duration) _____ yrs. _____ mos. _____ ds.

Contributory (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted _____ if not at place of death? _____ Did an operation precede death? _____ Date of _____

Was there an autopsy? _____ What test confirmed diagnosis? _____ (Signed) _____, M. D.

_____ 192____ (Address) _____

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for State Statutes.)

19 PLACE OF BURIAL OR REMOVAL Angleton, Texas. DATE OF BURIAL Nov. 25, 1923

20 UNDERTAKER Settegast-Hopf Co. ADDRESS 1211 Main.