

1. PLACE OF DEATH STATE OF TEXAS COUNTY OF Galveston CITY OR PRECINCT NO. Galveston 2405 Avenue I

2. FULL NAME OF DECEASED JAMES OSCAR MURRAY

LENGTH OF RESIDENCE WHERE DEATH OCCURRED Life YEARS MONTHS DAYS (SOCIAL SECURITY NO. 453-01-5358)

RESIDENCE OF THE DECEASED AND NO. 2405 Avenue I CITY Galveston, COUNTY Galveston, STATE Texas

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

Dr. F. W. Aves
16114

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (WRITE THE WORD) Divorced

6. DATE OF BIRTH January 16, 1878

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY
67 3 9 HOURS MIN

8A. TRADE, PROFESSION OR KIND OF WORK DONE Night Clerk

8B. INDUSTRY OR BUSINESS IN WHICH ENGAGED Malloy & Son Funeral Home

9. BIRTHPLACE (STATE OR COUNTRY) Galveston, Texas

10. NAME Richard James Murray

11. BIRTHPLACE (STATE OR COUNTRY) Canada

12. MAIDEN NAME Mary J. Murray

13. BIRTHPLACE (STATE OR COUNTRY) Galveston, Texas

14. SIGNATURE Miss Mamie Murray

ADDRESS 2405 Avenue I, Galveston, Texas

15. PLACE OF BURIAL OR REMOVAL Episcopal Cemetery TEXAS
DATE April 28, 1945

16. SIGNATURE MALLOY & SON
ADDRESS 8028 Ave. J Galveston, Texas

MEDICAL PARTICULARS

17. DATE OF DEATH April 25, 1945

18. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1-15 1944 TO 4-25 1945
I LAST SAW HIM ALIVE ON 4-24 1945

THE DEATH OCCURRED ON THE DATE STATED ABOVE AT 3:30 AM M.

THE PRIMARY CAUSE OF DEATH WAS: Chronic myocarditis

CAUSE	DURATION
<u>Chronic myocarditis</u>	<u>?</u>
CONTRIBUTORY CAUSES WERE:	

IF NOT DUE TO DISEASE, SPECIFY WHETHER ACCIDENT, SUICIDE, OR HOMICIDE

DATE OF OCCURRENCE _____

PLACE OF OCCURRENCE _____

MANNER OR MEANS IF RELATED TO OCCUPATION OF DECEASED, SPECIFY

SIGNATURE J. T. Aves M.D.
ADDRESS Galveston, Texas



20. FILE NUMBER 336 FILE DATE Apr. 26, 1945 SIGNATURE OF LOCAL REGISTRAR Margaret O. Ruple POST OFFICE ADDRESS _____

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE