

DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Cuyahoga Registration District No. _____ File No. _____
 Township _____ Primary Registration District No. _____ Registered No. 2569
 or Village _____ No. Cleveland State Hospital St., 4 Ward
 or City of Cleveland (If death occurred in a hospital or institution, give its name instead of street and number)
 2 FULL NAME Henrietta Murray Did Deceased Serve in U. S. Navy or Army _____
 (a) Residence No. 9123 Convent St. Ward. 4
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed or Divorced (write the word) Separated
 6a If married, widowed or divorced (as) WIFE of Richard W. Murray
 6 DATE OF BIRTH (month, day, and year) Jan 29 1876
 7 AGE Years 49 Months _____ Days 22 If LESS than 1 day... hrs. or... min.
 8 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Practical Nurse
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer
 9 BIRTHPLACE (city or town) New York (State or country) N.Y.
 10 NAME OF FATHER Edward Marshall
 11 BIRTHPLACE OF FATHER (city or town) England (State or country)
 12 MAIDEN NAME OF MOTHER May DeLacey
 13 BIRTHPLACE OF MOTHER (city or town) France (State or country)
 14 Informant History and Records Dept. (Address)
 15 MAR 24 1925 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) 3-22 1925
 17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1925 to March 22, 1925 that I last saw h. e. alive on March 22, 1925 and that death occurred, on the date stated above, at 6:15 A.M.
 The CAUSE OF DEATH* was as follows:
Terminal Exhaustion
Unascertained
 CONTRIBUTORY Manic Depressive Psychosis (SECONDARY) (duration) _____ yrs. _____ mos. _____ da.
 18 Where was disease contracted if not at place of death?
 Did an operation precede death? No Date of _____
 Was there an autopsy? No
 What test confirmed diagnosis? Clinical
 (Signed) M. M. Levine, M. D.
3-27-1925 (Address) Clev. State Hosp.
 *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 additional space.)
 19 PLACE OF BURIAL, CREMATION, OR REMOVAL Harvard Burial DATE OF BURIAL 3/26 1925
 20 UNDERTAKER, License No. W. H. H. & Sons Co ADDRESS 3287 E 55th

OCCUPATION is very important. See instructions on back of certificate.

W. H. H. & Sons Co