

SEE REGULATIONS
ON THE BACK

MARGIN RESERVED FOR BINDING
WRITE PLAINLY. USE BLACK INK. THIS IS A PERMANENT RECORD. ALL ITEMS SHOULD BE COMPLETE AND ACCURATE.
GIVE FULL NAME OF DECEASED CORRECTLY SPOelled. AGE AND BIRTHDATE OF DECEASED MUST BE ACCURATE.

Form No. 104

1. PLACE OF DEATH
 COUNTY OF _____
 CIVIL DISTRICT _____
 CITY (or town) _____
 ADDRESS OF PLACE OF DEATH X Veterans Hospital
 (If death occurred in a hospital or institution, give NAME, not street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ days
 2. FULL NAME NOEL O. MURFF
 (A) RESIDENCE Aberdeen, Miss.
 (Usual place of abode—If non-resident of place of death, give town and State)

67
CERTIFICATE OF DEATH
 STATE OF TENNESSEE
 DEPT. OF PUBLIC HEALTH
 DIVISION OF VITAL STATISTICS

STATE FILE NUMBER
3142
 REG. No. 2834
 REG. DIST. No. _____
 PRIM. REG. _____
 DIST. No. _____
 To be inserted by Registrar
 If war veteran, give war and military organization.
24-10-41

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. RACE OR COLOR White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED? Married
 (write the word)

5a. HUSBAND } of Ruby Hailes Murff - 44
 OR WIFE }

6. DATE OF BIRTH month Dec day 10 year 1894
 7. AGE If LESS THAN ONE DAY
 yrs. 46 mos. 8 days 25 hrs. _____ mins.

OCCUPATION
 8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Farmer
 9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, 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) Miss. (State or country) 027

FATHER
 13. NAME Oscar Murff
 14. BIRTHPLACE (city or town) (State or country) Miss. 24

MOTHER
 15. MAIDEN NAME Melissa Grace
 16. BIRTHPLACE (city or town) (State or country) Ala. 01

17. INFORMANT Mrs. Ruby Murff (wife)
 (ADDRESS) Aberdeen, Miss (Signature)

18. BURIAL, CREMATION OR REMOVAL DATE 9-6-41
 CEMETERY Odd Fellows PLACE Aberdeen, Miss

19. UNDERTAKER J.T. Hinton and Son, Inc.
 (Firm name)
 ADDRESS _____ BY _____

20. FILED 9-8-41 19 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. 5, 1941 19____
 month _____ day _____ year _____

22. I HEREBY CERTIFY, THAT I ATTENDED THE DECEASED FROM 9-2-41 19____ TO 9-5-41 19____
 I LAST SAW HIM ALIVE ON 9-5-41 19____ DEATH IS SAID TO HAVE OCCURRED ON DATE STATED ABOVE, AT 4 p M. DST
 THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES IN ORDER OF ONSET WERE:
 DATE OF ONSET _____

Encephalomalacia, right
Temporal lobe - terminal pneumonia
left lower lobe 3 dys

CONTRIBUTORY CAUSES OF IMPORTANCE
Hypertension: Diabetes mellitus

NAME OF OPERATION _____ DATE _____
 WHAT LAB. TEST CONFIRMED DIAGNOSIS? AUTOPSY? yes /

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) GIVE FOLLOWING DATA:
 ACCIDENT, SUICIDE OR HOMICIDE? _____ DATE OF INJURY _____
 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? _____
 IF SO, SPECIFY _____
 (SIGNED) L.A. Walker / M. D.
 (ADDRESS) Veterans Hosp
9-5-41

Registrar