

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

Do not use this space.

E7  
43654-87

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis Mo. (No. 1303a n-8th)

File No. ....  
Registered No. 157  
St. .... Ward .....

**2. FULL NAME**

Adeline Murphy  
(a) Residence No. 1303a n-8th St. 250 Ward. ....  
(Usual place of abode)

(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**

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
abt 78

**8. OCCUPATION OF DECEASED**

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

(c) Name of employer .....

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Mississippi

**10. NAME OF FATHER**

Sam Murphy

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Mississippi

**12. MAIDEN NAME OF MOTHER**

Edith Murphy

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Mississippi

PARENTS

**14. INFORMANT**

Rancy Davis  
(Address) 1303a n 8th st.

**15. FILED**

19 May 1929 REGISTER

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 31 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1928, to Dec 31, 1928 that I last saw h. h alive on Dec 31, 1928, and that death occurred, on the date stated above, at 10:30 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Mitral Regurgitation  
92H

(duration) ..... yrs. .... mos. 7 ds.

CONTRIBUTORY (SECONDARY) not known

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

**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 auscultation

(Signed) J. A. Flowers M. D.

(Address) 1711 N. 10th St.

\*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.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

Father Dickson DATE OF BURIAL Jan 4<sup>th</sup> 1929

**20. UNDERTAKER**

St. Louis used co ADDRESS 3317 Morgan st

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.

