

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

Do not use this space.

2593

1. PLACE OF DEATH

County Monroe
Township Jefferson
City Jefferson

Registration District No. 582
Primary Registration District No. 5781

File No. _____
Registered No. 2
St. _____ Ward _____

2. FULL NAME

Henry J. Murphy
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 4 1/2 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** married

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
78 10 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer 13
(b) General nature of industry, business, or establishment in which employed (or employer) _____ 13
(c) Name of employer self

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

14.

INFORMANT Cicero Murphy
(Address) Paris, Mo.

15.

FILED 1/25, 1929 H. T. Bell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 25 1929

17. I HEREBY CERTIFY That I attended deceased from Jan 9 10, 1929 to Jan 25, 1929 that I last saw him alive on Jan 27, 1929, and that death occurred, on the date stated above, at 8:00 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

uremic poisoning
resulting from
chronic degenerative kidneys
(duration) _____ yrs. _____ mos. 9 da.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT A PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Cerebral signs

(Signed) Dr. Pearce, M. D.

1/25, 1929 (Address) Paris, Mo.

*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

DATE OF BURIAL

Victor Mo.

1/26 1929

20. UNDERTAKER

ADDRESS

Speed Blakey

Paris, Mo.

N. H.—Every item of information should be carefully supplied. AGE should be stated. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Monroe Registration District No. 582 File No. _____
 Township Jefferson Primary Registration District No. 5781 Registered No. 2
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Henry J. Murphy
 (a) Residence. No. _____ St. _____ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Low Murphy

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 15 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
48 | 10 | 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer self

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

10. NAME OF FATHER William Murphy

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Esther Johnston

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT Lewis Murphy (Address) Paris, Mo.

15. FILED 2/10 1929 H. T. Bell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) JAN 25 1929

17. I HEREBY CERTIFY That I attended deceased from Jan 15 1929 to Jan 25 1929 and I last saw him alive on Jan 22 1929, and that death occurred, on the date stated above, at 8 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Uremic poisoning resulting from arterio-sclerosis & kidneys
 (duration) yrs. mos. 9 da.

CONTRIBUTORY (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 symp. (Signed) H. O. Payant, M. D.

1/25 1929 (Address) Paris, Mo.

*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 Victor Mo. DATE OF BURIAL 1/26 1929

20. UNDERTAKER Spud & Galaky ADDRESS Paris, Mo.

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be proper. REGISTRATION IS VERY IMPORTANT. COMPLETE AS PRESCRIBED BY LAW. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES.

SUPPLEMENTARY

S-2593