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

Do not use this space.

20046

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 5707

City St. Louis, Mo. (No. 212 Elwood, St. ..... Ward)

2. FULL NAME Kermit August Murphy

(a) Residence. No. 212 Elwood St., 1 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 29/1909

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	19	10	24	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Railroad Work

(b) General nature of industry, business, or establishment in which employed (or employer) Labor

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Red Bud
(STATE OR COUNTRY) Ill.

PARENTS

10. NAME OF FATHER Charles Murphy

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Red Bud
(STATE OR COUNTRY) Ill.

12. MAIDEN NAME OF MOTHER Mary Kissel

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

14. INFORMANT Charles Murphy
(Address) 312 - Elwood

15. FILED MAY 23 1929 Max C Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 23 1929

17. I HEREBY CERTIFY, That I attended deceased from May 22, 1929, to May 23, 1929 that I last saw him alive on May 23, 1929, and that death occurred, on the date stated above, at 2:00 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho Pneumonia
107A
71B (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Anaemia
(duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1000

DID AN OPERATION PRECEDE DEATH? DATE OF none

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

5/23 (Signed) G. W. Bader, M. D.
, 1929 (Address) 5836 E. Virginia

*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 Red Bud, Ill. DATE OF BURIAL May 26, 1929

20. UNDERTAKER Dashner Hnd Co ADDRESS Red Bud, Ill.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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