

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

Do not use this space.

31645

**1. PLACE OF DEATH**

County Randolph  
Township Salt Spring  
City \_\_\_\_\_

Registration District No. 733  
Primary Registration District No. 5469

File No. \_\_\_\_\_  
Registered No. 37  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Wm Lawrence 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan-4-1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
71 8 4

**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 \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) California

10. NAME OF FATHER Paul C. Murphy

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) not known

12. MAIDEN NAME OF MOTHER Martha Taylor

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) not known

14. INFORMANT Serenna F. Murphy (Address) Moberly, Mo. R.F.D. #1

15. Sept 11, 1929 G G Murphy REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept-8<sup>th</sup>-1929

17. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_ 1929 to Sept 8<sup>th</sup> 1929 that I last saw him alive on Sept 28, 1929, and that death occurred, on the date stated above at \_\_\_\_\_

THE CAUSE OF DEATH\* is AS FOLLOWS:  
Angina Pectoris

14 1/2  
97

(duration) \_\_\_\_\_ mos. da. CONTRIBUTORY Arterial Sclerosis (SECONDARY)

(duration) 2 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_ IF NOT AT PLACE OF DEATH \_\_\_\_\_

Did an OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) W. J. Jernigan, M.D., 19 \_\_\_\_\_ (Address) Huntsville, 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 Huntsville Cemetery DATE OF BURIAL Sept-11-1929

20. UNDERTAKER Andrew Minor ADDRESS Huntsville, Mo.

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

24 1929

31

art

