MAR 27 1930

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

Do not use this space.

5426

1. PLACE OF DEATH

County: Jasper — Registration District No.: 417 — File No.:

Township: — Primary Registration District No.: 3021 — Registered No.: 17

City: Webb City, Mo (No. ..... St. ..... Ward)

2. FULL NAME Mrs Mary Murphy

(a) Residence. No. 829 N. Wilson St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 27. 1909.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
20	9	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

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

PARENTS
10. NAME OF FATHER Lyle Gary
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Kansas
12. MAIDEN NAME OF MOTHER Gertrude Whitehead
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Joplin
(STATE OR COUNTRY) Missouri

14. INFORMANT Mrs Daniel Atkinson
(Address) 829 N. Wilson, Webb City

15. FILED 2-13 1930 R. M. Stormont
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 11. 1930.

17. I HEREBY CERTIFY, That I attended deceased from 2-4 1930, to 2-11 1930 that I last saw her alive on 2-11 1930 and that death occurred, on the date stated above, at 5:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis

TB A 31 (duration) 1 yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF no
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. L. Tracy, M. D.
2-12 1938 (Address) Webb City, 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: Macedonia Cem. Stella, Mo — DATE OF BURIAL: 2-13 1930

20. UNDERTAKER: Steele Und. Co. — ADDRESS: Webb City

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.