

APR 23 1930

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

Do not use this space.

1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township.....

Primary Registration District No. 1001City St. Joseph. (No. 6313 Sherman)

File No. 7849
Registered No. 396
St. Ward)

2. FULL NAME

Lee Anna Murphy(a) Residence, No. 6313 Sherman St. St., Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 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

White.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFStillman M. Murphy.6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 11, 1866

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.64218

8. OCCUPATION OF DECEASED

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

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)

Cannan

(STATE OR COUNTRY)

Mo.

PARENTS

10. NAME OF FATHER Elisha Hollandsworth11. BIRTHPLACE OF FATHER (CITY OR TOWN) Gascondy Co.

(STATE OR COUNTRY)

Mo.12. MAIDEN NAME OF MOTHER Mary Ann McDaniels13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Gascondy Co.

(STATE OR COUNTRY)

Mo.14. INFORMANT Emmet Murphy

(Address)

5125 Sherman St.

15. FILED

APR 31 1930John G. W.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 29 1930

17.

I HEREBY CERTIFY, That I attended deceased from
Feb 24, 1930, to March 29, 1930
that I last saw h..... alive on mar 29, 1930 and that
death occurred, on the date stated above, at..... 2:50 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Paralysis General
82 DCONTRIBUTORY
(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No. DATE OF.....WAS THERE AN AUTOPSY? NoWHAT TEST CONFIRMED DIAGNOSIS Chin(Signed) M. O. Gray, M. D.3/31 1930 (Address) St. Joseph 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

I.O.O.F. Cemetery

DATE OF BURIAL

Mar. 31, 1930

20. UNDERTAKER

Fred D. Clark 5025 King Hill Ave.

ADDRESS

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.

