

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

Do not use this space.

**PLACE OF DEATH**

County Monroe  
Township Jackson  
City (No. ....) .....

Registration District No. 582  
Primary Registration District No. 5779

File No. 20100  
Registered No. 33  
St. .... Ward)

2. FULL NAME JOSEPH RONEY 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 45 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**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 Amanda Murphy

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 30, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
74 3 0

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) Mo.

10. NAME OF FATHER Fielding Murphy

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

12. MAIDEN NAME OF MOTHER Elizabeth Roney

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

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

15. FILED 7/1, 30 H. C. Taylor REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 30, 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1930 to June 30, 1930 that I last saw him alive on June 30, 1930, and that death occurred, on the date stated above, at 3:30 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Carcinoma of liver  
4 1/2 (duration) yrs. 6 mos. ds.  
CONTRIBUTORY (SECONDARY) 4 1/2 (duration) yrs. .... mos. .... ds.

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  
(Signed) M. E. Mc Murray, M. D.

7/1, 1930 (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 Pleasant Hill

DATE OF BURIAL 7/2, 1930

20. UNDERTAKER Speed & Blakey

ADDRESS Paris, Mo

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.

JUL 23 1930

