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

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1. PLACE OF DEATH

County ..... Registration District No. ..... File No. 14502

Township ..... Primary Registration District No. ..... Registered No. 3868

City St Louis (No. Josephine Hospital St. ..... Ward)

2. FULL NAME John H. Murphy

(a) Residence, No. 3101a St Vincent St., 17 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)
Male	White	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 12 - 1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	61	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman. 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Union Bridge Co.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England.

FATHER

13. NAME Thomas Murphy.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT (ADDRESS) Mrs John H. Murphy 3101a St Vincent Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE Apr 21 1932

19. UNDERTAKER (ADDRESS) Peltz Bros 3029 Lafayette Ave

20. FILED APR 20 1932 19 Max C Hardy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-4, 1931, to 4-19, 1932
I last saw him alive on 4-18, 1932. Death is said to have occurred on the date stated above, at 1 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4-5-32
Myocarditis acute	
108	
93	
87	
Other contributory causes of importance:	
multipal Neuritis	6-4-31

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Philip Schuck, M. D.
(Address) 1703 S Grand

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