

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

Do not use this space.

762

**FEB 18 1936**

1. PLACE OF DEATH  
 County De Kalb Registration District No. 4161  
 Township Polk Primary Registration District No. 262  
 City Union Star, Mo (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Elizabeth Murphy  
 (a) Residence, No. Union Star, Mo St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 2 yrs. 2 mos. 26 da. How long in U. S., if of foreign birth? yrs. mos. da.

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**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 OF Homer Murphy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 19, 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
61 10 14

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) Dec. 28, 1935 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew County Mo.

FATHER  
 13. NAME John Hoover

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

MOTHER  
 15. MAIDEN NAME Sarah Schilitknecht

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

17. INFORMANT Homer Murphy  
 (ADDRESS) Union Star, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Union Star, Mo DATE Jan. 4 1936

19. UNDERTAKER Lucile M. Wilson  
 (ADDRESS) King Street, Mo.

20. FILED Jan 3 1936 E. M. Reynolds  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1936 to Jan 2 1936  
 I last saw her alive on Jan 25 1936 Death is said to have occurred on the date stated above, at 3:30 p. m.

The principal cause of death and related causes of importance were as follows:  
Acute Dilation Heart Date of onset

Other contributors, causes of importance:  
Infarction Myocardium

Name of operation Cloned Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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 E. M. Reynolds  
 (Signed) \_\_\_\_\_, M. D.  
 (Address) Union Star 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.

