MAR 18 1936

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

Do not use this space.

5354

1. PLACE OF DEATH
County: Franklin
Township: Central
City: St Clair Mo (No. ..... St. ..... Ward)

Registration District No. 294
Primary Registration District No. 5409B

File No. .....
Registered No. .....

2. FULL NAME Joseph Murphy
(a) Residence, No. St Clair Mo St., ..... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6 1854

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 81 | 10 | 15 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired
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) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrington Mo

FATHER
13. NAME John Murphy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Mary Luce
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Pearl Murphy St Clair Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Odd Fellows Co DATE 2-23 1936

19. UNDERTAKER (ADDRESS) Cosy & Co St Clair Mo

20. FILED Feb 24 1936 W H Duckworth Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 24 1933, to Feb 21 1936
I last saw him alive on Feb 20 1936 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 |
|---|---|
| Chronic Bronchitis | |
| 112 | |

Other contributory causes of importance:
Chronic Bronchial asthma

Name of operation none 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) W. E. Kitchell, M. D.
(Address) St Clair 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.