

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

Do not use this space.

Atherton

30614

File No. \_\_\_\_\_  
Registered No. 738  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Greene  
Township \_\_\_\_\_  
City Springfield, Mo. (No. 410 E. Monroe)

Registration District No. 318  
Primary Registration District No. 2001

**2. FULL NAME** Maurice B. Murphy

(a) Residence, No. 410 E. Monroe St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

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 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 Josephine Lyons

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April, 2 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
50 4 25

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield, Mo.

FATHER 13. NAME Stephen A. Murphy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

MOTHER 15. MAIDEN NAME Margaret Sholten

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Hope Missouri

17. INFORMANT (ADDRESS) Miss Marie Murphy 410 E. Monroe

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Marys DATE Aug. 30, 1936

19. UNDERTAKER (ADDRESS) Herman Lohmeyer Funeral Home Springfield, Mo.

20. FILED 8-29-1936 D. Chesapeake Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-27 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-24 1936, to 8-27 1936

I last saw him alive on 8-27 1936. Death is said

to have occurred on the date stated above, at 11 p.m.

The principal cause of death and related causes of importance were as follows:

chronic nephritis with myocardial insufficiency Date of onset not known

Other contributory causes of importance:

aphasic paralysis 16 yrs

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? (no)

If so, specify Mary Jean Atherton M. D.  
(Signed) \_\_\_\_\_

(Address) 333 E. Mc Daniel

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.

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