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.

DEC 30 1936

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

Do not use this space.

1. PLACE OF DEATH
County Wash — Registration District No. 887 — File No. 43594
Township Union — Primary Registration District No. 6182 — Registered No.
City (No. , St. Ward)

2. FULL NAME Clarence 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 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: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Emma Craig
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 9, 1882
7. AGE: YEARS 54 — MONTHS 23 — DAYS 30 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farmer
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): Richwoods Mo

FATHER
13. NAME: Pat Murphy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Franklin Co. Mo

MOTHER
15. MAIDEN NAME: Annie Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jefferson Co. Mo

17. INFORMANT (ADDRESS): Henry Cain Tiff Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Tiff Mo DATE Nov 2, 1936
19. UNDERTAKER (ADDRESS): Sparks + Sparks
20. FILED Nov 2, 1936 G. F. Cresswell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 1, 1936
22. I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1936, to Nov 1, 1936
I last saw him alive on Nov 1, 1936. Death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia — Date of onset
Other contributory causes of importance:
Uremia following enlarged prostate gland
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?
If so, specify
(Signed) G. F. Cresswell, M. D.
(Address) Blair Mo