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

FEB 8 1937

Do not use this space.

96 30 9

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 3097

Township ..... Primary Registration District No. ..... Registered No. 107

City St. Louis (No. City Hospital No.1 St. ..... Ward)

B. 14248 Nora Murphy

2. FULL NAME

(a) Residence, No. 4021 Washington St., 19 Ward. 1
(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: 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: William Murphy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 1 1873

7. AGE: 63 YEARS | MONTHS: 1 | DAYS: 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. hwk 235
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. hwf
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): Ireland 15

FATHER

13. NAME: Tom Milen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland 15

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 31

17. INFORMANT (ADDRESS): Hosp. Info. M.H.Kent City Hospital No.1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE Jan 4 1937

19. UNDERTAKER (ADDRESS): Mullen Bros 42 59 Lindell

20. FILED JAN 4 1937 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/1/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/1/37, 19, to 1/1/37, 19

I last saw her alive on 1/1/37, 19 Death is said to have occurred on the date stated above, at 11.35p

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

Cerebral thrombosis
Aortitis (luetic)
Syphilis

Date of onset

Other contributory causes of importance: 34

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

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) Chas. M. Jessico, M. D.

(Address) St. Louis city Hospital

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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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