REC'D MAR 24 1938

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

Do not use this space.

8111

File No.
Registered No. 352

1. PLACE OF DEATH
County St. Louis
Township Jefferson
City Glendale (No. 1006 Kirkham Ave. St. Ward)
Registration District No. 96
Primary Registration District No.

2. FULL NAME Maud Delilia Murphy
(a) Residence, No. 1006 Kirkham St. Ward. Glendale Mo.
(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 Hugh M. Murphy
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27 - 1876
7. AGE: Years 61 Months 6 Days 27 If LESS than 1 day, ...hrs. or ....min.

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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER
13. NAME Henry Gasaway
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Julia Witherford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Helen L. Murphy
(ADDRESS) 1006 Kirkham

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill DATE 2-26 1938

19. UNDERTAKER Louis H. Bopp
(ADDRESS) Kirkwood Mo.

20. FILED 2-24 1938 L. A. Meyer M.D. Dep. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 23 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 16 1937 to Feb. 23, 1938
I last saw her alive on Feb. 23, 1938. Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chronic	12-1-37

Other contributory causes of importance: 93 C

Name of operation ..... 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? no
If so, specify .....

(Signed) D. S. Veth, M. D.
(Address) Kirkwood Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.