

REC'D JUL 20 1938

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

22109
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 410
(b) Township Clinton Primary Registration District No. 4243
(c) City Jasper (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George Washington Murphy

(a) Residence, No. Jasper Mo St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lizzie Murphy
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 26 1862
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 6 6

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. farmer
10. Date deceased last worked at this occupation (month and year) 2 years
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co Ill

FATHER
13. NAME James W Murphy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co Ill

MOTHER
15. MAIDEN NAME Sophia Stump
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co Ill

17. INFORMANT (ADDRESS) Clarence Murphy Jasper Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE July 4 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chas. J. Teeter Jasper Mo

20. FILED July 5 1938 Clara C. Carns Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw him XX alive on _____, 19____. Death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:

Weak, Heart
Insultion - 8/21
Other contributory causes of importance:
Cerebral Hemorrhage
Paralysis

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 _____
(Signed) V. H. Heidrich, M. D.
(Address) Jasper Mo

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Phas J. Teeter, or by

Registered Apprentice No., working under my personal supervision.

Signed *Phas J. Teeter*

Licensed Embalmer No. *2566*

P. O. Address *Jasper, Va*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.