

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

35061
Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 73

(b) Township Columbia Primary Registration District No. 3006

(c) City Columbia (d) Street No. Boone County Hospital Registered No. 245

(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 William R. Murphy

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

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 Minnie A. Murphy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 16th 1860

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
77	10	27	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as 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 Frances Murphy

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Sarah Hall

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Minnie A. Murphy
(ADDRESS) Ashland Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Salem DATE 10/15/ 1938

19. FUNERAL DIRECTOR (NAME) Ashland Undt. Co.
(ADDRESS) Ashland Missouri

20. FILED 10/15/ 38 Allie Selby
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/13/1938 '19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1937, to Oct. 13, 1938

I last saw him alive on Oct. 13, 1938. Death is said to have occurred on the date stated above, at 2:30p m.

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

Carcinoma of stomach

Date of onset

Other contributory causes of importance:

Name of operation Hysterectomy Date 10.6.38

What test confirmed diagnosis clinical 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) H. B. Fryer, M. D.
74 (Address) Ashland Mo.

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.

MISSOURI DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

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,

Wm. C. Burnett

, or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Wm C Burnett

Licensed Embalmer No. 3564

P.O. Address Ashland Missouri

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

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