

REC'D JAN 18 1939

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

2169
Do not use this space.

1. PLACE OF DEATH

(a) County Dunklin Registration District No. 288
(b) Township _____ Primary Registration District No. 4172 Registered No. _____
(c) City Kennett (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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

MARTIN VAN BEUREN MURPHEY Jr
(a) Residence, No. _____ 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 widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED (HUSBAND OF OR) WIFE OF Martha Loadingbell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 6 - 1861

7. AGE YEARS 78 MONTHS 5 DAYS 2 If LESS than 1 day, hrs. or min.

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) Illinois

13. NAME Martin Van Beuren Murphey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Sarah Newton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (NAME) Martin U.B. Murphey - III

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunmash DATE 1/10 1939

19. FUNERAL DIRECTOR (NAME) Baldwin General Hse

(ADDRESS) Kennett Mo

20. FILED 1-11-1939 Whelan Doss Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 8 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 27 1939, to Jan 8 1939
I last saw him alive on Jan 8 1939. Death is said to have occurred on the date stated above, at 5:10 P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset 1-6-39

Other contributory causes of importance:
Chr Nephritis
General arteriosclerosis

Name of operation NONE Date of _____
What test confirmed diagnosis? Ex 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? _____
If so, specify _____
(Signed) James C. Cooper, M. D.
(Address) Kennett 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.

REGISTERED EMBALMER
DISTRICT OF COLUMBIA
HEALTH DEPARTMENT

RECEIVED

District Health Officer No. 3

District File Number 29-11

Date Filed 1-11-39

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, _____

or by _____

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

Signed _____

Paul Salmons

Licensed Embalmer No. 2556-

P. O. Address Keeneth, Mo-

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.