

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.

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

PLACE OF DEATH

County Greene  
Township Robertson  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 324  
Primary Registration District No. 5449

File No. 16316  
Registered No. 19

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Pauline Murphy

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Single</u>
DATE OF BIRTH <u>Apr 4 1910</u> (Month) (Day) (Year)		
AGE <u>3 yrs. 1 mos. 7 ds.</u>		IF LESS than 1 day, ___ hrs. or ___ min. ?

OCCUPATION  
(a) Trade, profession, or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business, or establishment in which employed (or employer) 0-0

BIRTHPLACE  
(City or town, State or foreign country) Greene Co Mo.

PARENTS	NAME OF FATHER <u>Samuel Murphy</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Greene Co Mo.</u>
	MAIDEN NAME OF MOTHER <u>Nancy Stewart</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Polk Co Mo.</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Bertie Barnes  
(ADDRESS) Brighton Mo

Filed May 13 1913 G. M. Dysart  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH  
May 11 1913  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 7, 1913, to May 7, 1913, that I last saw her alive on May 7, 1913, and that death occurred, on the date stated above, at Mo.  
The CAUSE OF DEATH\* was as follows:

Measles  
7  
1003  
96  
(Duration) \_\_\_ yrs. \_\_\_ mos. 15 ds.

Contributory  
(SECONDARY)  
7 (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.  
(Signed) M. A. Nicholas M. D.  
1913 (Address) Brighton

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place of death \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. In the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.  
Where was disease contracted if not at place of death? \_\_\_\_\_  
Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Robertson Cem DATE OF BURIAL May 13 1913  
UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_

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

PLACE OF DEATH

County \_\_\_\_\_  
 Township \_\_\_\_\_  
 or \_\_\_\_\_  
 Village \_\_\_\_\_  
 or \_\_\_\_\_  
 City \_\_\_\_\_

Registration District No. \_\_\_\_\_  
 Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

File No. 10000

St. \_\_\_\_\_ Ward \_\_\_\_\_

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX \_\_\_\_\_

COLOR OR RACE \_\_\_\_\_

SINGLE  
MARRIED  
WIDOWED  
OR DIVORCED  
(If fit the word)

DATE OF BIRTH \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

AGE \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

OCCUPATION \_\_\_\_\_

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_, 191\_\_\_\_, to \_\_\_\_\_, 191\_\_\_\_,

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 191\_\_\_\_,

and that death occurred, on the date stated above, at \_\_\_\_\_ m.

The CAUSE OF DEATH\* was as follows:

BIRTHPLACE

(City or town, State or foreign country)

NAME OF FATHER

(City or town, State or foreign country)

BIRTHPLACE OF FATHER

(City or town, State or foreign country)

MAIDEN NAME OF MOTHER

(City or town, State or foreign country)

BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) \_\_\_\_\_

(ADDRESS)

\_\_\_\_\_ 191\_\_\_\_

Contributory

(SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed)

\_\_\_\_\_ 191\_\_\_\_ (Address) \_\_\_\_\_ M. D.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted if not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL

\_\_\_\_\_ 191\_\_\_\_

UNDERTAKER

\_\_\_\_\_ ADDRESS \_\_\_\_\_

Filed

REGISTRAR

GIVE CASE PLAINLY, WITH AN HARRINGTON NUMBER 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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

PLACE OF DEATH

County Greene  
Township Robberson  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Registration District No. 324 File No. \_\_\_\_\_  
Primary Registration District No. 5449 Registered No. 13

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Pauline Murphy

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> (Write the word)
DATE OF BIRTH <u>April 4, 1910</u>	Satisfactory information supplied	
AGE <u>3 yrs. 1 mos. 7 ds.</u>	IF LESS than 1 day, _____ hrs. _____ min.	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Infant</u>	Satisfactory information supplied	
(b) General nature of industry, business, or establishment in which employed (or employer) _____	Satisfactory information supplied	
BIRTHPLACE (City or town, State or foreign country) <u>Green, Mo.</u>	Satisfactory information supplied	
PARENTS	NAME OF FATHER <u>Joseph Murphy</u>	Satisfactory information supplied
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Wicks Co Mo</u>	
	MAIDEN NAME OF MOTHER <u>Mary Straut</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Polk Co Mo</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 11, 1913  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Satisfactory information supplied  
that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 191\_\_\_\_,  
and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH\* was as follows:  
Measles

(Duration) \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory Catarrh of lungs  
(SECONDARY) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) M. S. Nicholas M. D.  
Wicks 1913 (Address) Brighton

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted If not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Satisfactory information supplied  
(ADDRESS) Brighton Mo

Filed April 15, 1913 G. M. Doyart  
REGISTRAR

PLACE OF BURIAL OR REMOVAL Robberson Cem. DATE OF BURIAL May 13, 1913

UNDERTAKER H. J. Majors ADDRESS Springfield Mo

