

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

Do not use this space.

9733

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Towship..... Primary Registration District No. **1003**  
City St. Louis Mo (No. 1110 1/2 Monroe St)..... St. .... Ward)

File No. ....  
Registered No. 28770  
St. .... Ward)

**2. FULL NAME**

Mary Murphy  
(a) Residence. No. 1110 1/2 Monroe St., 26 Ward. ....  
(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) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 4 - 1875  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_hra. or \_\_\_\_min.  
51 | 5 | 2

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housework  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ky.  
(STATE OR COUNTRY)

10. NAME OF FATHER John Denington  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) U.S.  
12. MAIDEN NAME OF MOTHER not known  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) U.S.

14. INFORMANT Edward Murphy  
(Address) 1110 1/2 Monroe St

15. FILED 7 1927 Mar 6 Starkeoff  
REGISTERED

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 6 1927

17. I HEREBY CERTIFY, That I attended deceased from March 4, 1927, to March 6, 1927 that I last saw him alive on March 5, 1927, and that death occurred, on the date stated above, at 1 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pulmonary tuberculosis  
new (duration) 4 yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) 31 (duration) .... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH? don't know

19. DID AN OPERATION PRECEDE DEATH? no DATE OF ...  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) George Mueller M. D.  
March 7, 1927 (Address) 1125 Madison

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Matthews. DATE OF BURIAL Mar 8 1927

20. UNDERTAKER By Leidner and Co. ADDRESS 1417 St. Marked St

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.

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