

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

Do not use this space.

131130R

1. PLACE OF DEATH

County Howell Registration District No. 384 File No. 57
 Township _____ Primary Registration District No. 4777 Registered No. _____
 City West Plains Mo (No. _____) St. _____ Ward _____

2. FULL NAME Mrs. Robert Murphy

(a) Residence No. _____ St. _____ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Robert Murphy (OR) WIFE OF Don't know
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Don't know
7. AGE YEARS 23 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED Housewife
 (a) Trade, profession, or particular kind of work Don't know
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) West Plains Mo.
 (STATE OR COUNTRY) _____

10. NAME OF FATHER Dutch James
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) West Plains Mo
12. MAIDEN NAME OF MOTHER Don't know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) _____

14. INFORMANT Martha B. Heinrich
 (Address) West Plains, Mo

15. FILED 3-31, 1931 O.P.A. Heinrich
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-13-1928
17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____ that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at 11:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Explosion & Fire from unknown cause

CONTRIBUTORY (SECONDARY) 178
 (duration) yrs. mos. da. _____
 (duration) yrs. mos. da. _____

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) W. J. Burns Coroner
4-14, 1928 (Address) Willow Springs, Mo.

*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 Oak Lawn Cem **DATE OF BURIAL** 4-15-1928
20. UNDERTAKER Geo Stapp ADDRESS West Plains Mo

APR 23 1931

about 23

PARENTS

