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

Do not use this space.

15369

~~15102~~

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 1946 Belt Ave. St. ..... Ward)

File No. ..... Registered No. 4303

2. FULL NAME Jennie Murphy

(a) Residence. No. 1946 Belt St., 6 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 7-1862

7. AGE: Years 65 | Months 9 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

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) .....
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... "
(STATE OR COUNTRY) ..... "
12. MAIDEN NAME OF MOTHER ..... "
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... "
(STATE OR COUNTRY) ..... "

14. INFORMANT: Charles Lomds
(Address) 3058 Sheridan

15. FILED APR 20 1928, 19..... Max C. Starkloff, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 18, 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1928, to Apr. 18, 1928, that I last saw her alive on Apr. 17, 1928, and that death occurred, on the date stated above, at 9:50 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
"Grip" and asthma.
non Tubercular
118
108 (duration) ..... yrs. 4 2/3 mos. ..... ds.
112
CONTRIBUTORY (SECONDARY) Lobar Pneumonia
(duration) ..... yrs. ..... mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED? 118
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) James P. Dougherty, M. D.
4/19, 1928 (Address) 1900 Belt Ave.

*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: Washington Park
DATE OF BURIAL: 4-20-1928

20. UNDERTAKER: ~~Washm~~ C. J. Gates
ADDRESS: 4107 Finney

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.