

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

Do not use this space.

19503

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **11003**

City.....

File No.

Registered No. **6123**

St.

Ward)

2. FULL NAME

(a) Residence. No. **1787 2201 Park Ave St. 22** 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 **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Mays-1928**

7. AGE YEARS MONTHS DAYS **1** H LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY)

10. NAME OF FATHER **Wm L Murphy**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Dora Buehler**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT **Dr. [unclear]** (Address) **Chey Hospital**

15. FILED **LN -7 1028** 19 **May 6 1928** REGISTRAR **Max C. Standley**

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **May 6 1928**

17. I HEREBY CERTIFY That I attended deceased from **May 5 1928** to **May 6 1928** that I last saw him alive on **May 6 1928** and that death occurred, on the date stated above, at **5036**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

159 **Immaturity** (duration) yrs. mos. da. **Arms 6 months**

CONTRIBUTORY (SECONDARY) **None** (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **J. J. [unclear]**, M. D.

1928 (Address) **Chey Hospital**

*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 **POTTENS FIELD:** DATE OF BURIAL **5-8-1928**

20. UNDERTAKER **E. Shannon 1424 Lard** ADDRESS

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.

Murphy.