G 22 1928 Dr Rebo.

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

Do not use this space.

23292

1. PLACE OF DEATH
County: Clark
Township: Jackson
City: (No. , St. Ward)
Registration District No. 190
Primary Registration District No. 5274
File No.
Registered No. 79

2. FULL NAME: Mary Belle 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married.
5a. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: John Murphy
6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 7, 1865
7. AGE: Years 63 Months 1 Days 11 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Wife.
(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): Clark Co. Missouri

PARENTS
10. NAME OF FATHER: Richard Bennett
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Clark Co. Missouri
12. MAIDEN NAME OF MOTHER: Mary Ryan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Lewis Co. Missouri

14. INFORMANT: John Murphy
(Address): Gregory Mo R.R.
15. FILED 7/19, 1928 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 18 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 3 10 P.M.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Paralysis
820 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.
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) F. A. S. Rebo, M. D.
7/19, 1928 (Address) Alexandria 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: St Patrick Cem — DATE OF BURIAL: July 20 1928
20. UNDERTAKER: Fred J Kalb — ADDRESS: Kahoka Mo.

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.