

SEP 24 1928

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

Do not use this space.

20522
File No. _____
Registered No. 1004
St. _____ Ward _____

1. PLACE OF DEATH
County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph (No. Sisters Hosp)
2. FULL NAME Thomas Murphy
(a) Residence No. Rulo, Nebr. 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. 14 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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucy Murphy
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 2 - 1861
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 67 6 19
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) 293 483 693
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St. Charles (STATE OR COUNTRY) Mo.
10. NAME OF FATHER James Murphy
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Mary DeLoac
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Missouri

14. INFORMANT Lucy Murphy (Address) Rulo, Nebr.
15. FILED 21 1928 19. _____ REGISTRAR John G. [Signature]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 20 1928
17. I HEREBY CERTIFY that I attended deceased from Aug 8 - 20, 1928, to Aug 20, 1928, that I last saw him alive on Aug 18, 1928, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS
Indurated phlebitis
gangrene - amputation
death at 12 days after amputation
Left leg at knee (duration) yrs. mos. da. _____
CONTRIBUTORY Arteriosclerosis (SECONDARY) (duration) yrs. mos. da. _____

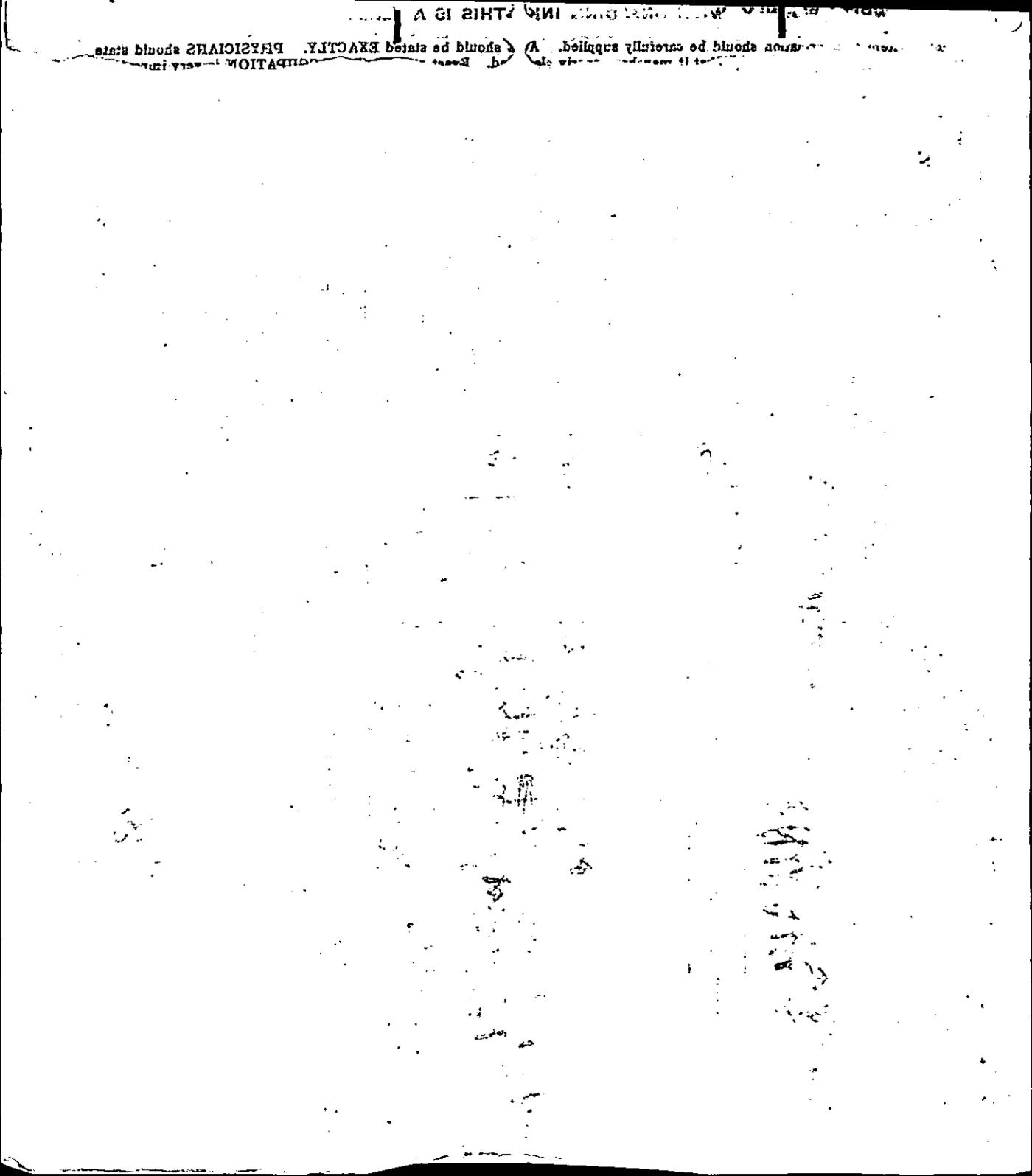
18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH: _____
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS? Chills (Signed) [Signature] M. D.
(Address) St. Joseph, Mo.
*State the DISEASE CAUSING DEATH, or in Deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Rulo, Nebr. DATE OF BURIAL Aug 24 1928
20. UNDERTAKER H. C. Sidenfaden ADDRESS 1802 Union

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.

... THIS IS A ...
... should be stated EXACTLY. PHYSICIANS should state ...
... should be stated EXACTLY. PHYSICIANS should state ...
... should be stated EXACTLY. PHYSICIANS should state ...



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Duchanan

Registration District No. 83-

File No.

Township St Joseph

Primary Registration District No. 1001

Registered No. 1854

City St Joseph (No.)

St. Ward)

2. FULL NAME

Thomas 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE YEARS MONTHS DAYS If 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)

(STATE OR COUNTRY)

10. NAME OF FATHER

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 (Address)

15.

FILED 10-11-1928

John G. [Signature]
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 20 1928

17. I HEREBY CERTIFY, That I attended deceased from 19..... that I last saw h..... alive on 19..... and that death occurred, on the date stated above, at.....

THE CAUSE OF DEATH WAS AS FOLLOWS:

Endarteriosclerosis Obliteration
Emphysema - Proximal
Pneumonia - 12 days after amputation
left leg at knee

18. WHERE WAS DISEASE CONTRACTED (PRIMARY OR SECONDARY) non-diabetic

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. W. [Signature], M. D.

(Address) St Joseph

*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 DATE OF BURIAL

19

20. UNDERTAKER ADDRESS

WRITE PLAINLY, IN INK--THIS

N. B.—Every item of information should be stated EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

5-26522