

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

Do not use this space.

30834

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township 1st Primary Registration District No. 1002  
 City 17th St. Mo. (No. 1919 Howard)  
 St. 4 Ward 4  
 (a) Residence No. 1919 Howard (If nonresident give city or town and State)  
 (Usual place of abode)  
 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.

File No. 4370  
 Registered No. 4370  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

2. FULL NAME Tom Murphy  
 (a) Sex Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 24 1893  
 7. AGE YEARS MONTHS DAYS 35 00 1 1  
 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED Labour  
 (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) Little Rock, Ark.

10. NAME OF FATHER Lake Murphy  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) North Carolina  
 12. MAIDEN NAME OF MOTHER Elizabeth Brown  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

14. INFORMANT Anna Fields  
 (Address) 1919 Howard

15. FILED 10-29-28 M.M. Crow asst REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-25 1928  
 17. I HEREBY CERTIFY That I attended deceased from Oct 11, 1928, to Oct 25, 1928 that I last saw him alive on Oct 25, 1928 and that death occurred, on the date stated above, at 10:10 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Branched Pneumonia  
10711000  
 CONTRIBUTORY unknown (SECONDARY)  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS same  
 (Signed) J.M. Miller, M. D.  
10-26, 1928 (Address) 1604 E. 18th, K.C. 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 Highland Cemetery DATE OF BURIAL Oct 29 1928  
 20. UNDERTAKER J.H. Dr. Ficklin ADDRESS 1209 Vine

K. 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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

