C 29 1928

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

Do not use this space.

Han 37582

1. PLACE OF DEATH
County Marion — Registration District No. 547 — File No.
Township Mason — Primary Registration District No. 3029 — Registered No. 322
City Hannibal (No. St. Elizabeth Hospital St. Ward)

2. FULL NAME Mary T. Murphy
(a) Residence. No. 207 N. Sixth 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: White
5. ~~Single, Married~~, Widowed ~~or Divorced~~ (~~write the word~~): Widow

5a. ~~If Married~~, Widowed, ~~or Divorced~~ ~~Husband of~~ ~~(or)~~ WIFE OF James E. Murphy Dec.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 15 1883

7. AGE: Years 45 — Months 0 — Days 14 — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home 139E 122E
(b) General nature of industry, business, or establishment in which employed (or employer) Housekeeping 129
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Hannibal
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Fred Troeskin
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Mary Jurgens
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ohio

14. INFORMANT Fred Troeskin
(Address) Hannibal Mo.

15. FILED 11/30 1928 C E Steele M REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 29 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1928, to Nov 29, 1928 that I last saw her alive on Nov 29, 1928, and that death occurred, on the date stated above, at 1:45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intestinal obstruction + peritonitis

138

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) ~~Pelvic~~ Salpingitis

(duration) yrs. 3 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
1 DID AN OPERATION PRECEDE DEATH? yes DATE OF 11-27-28
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. Hardesty M.D
, 19 (Address) Hannibal

*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: Mt Olivet — DATE OF BURIAL: Dec 2 1928

20. UNDERTAKER: Wm. M. Smith — ADDRESS: Hannibal

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.