

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

Do not use this space.

12246

1. PLACE OF DEATH

County St. Louis Registration District No. 1170 File No. _____
 Township Central Primary Registration District No. 248H Registered No. 97
 City Richmond Heights, Mo. St. Marys Hosp. St. _____ Ward _____

2. FULL NAME

Ruth Marie Murphy
 (a) Residence No. 9232 Bristol St. Overland, Mo. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 22-1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Overland, Mo. (STATE OR COUNTRY)

10. NAME OF FATHER Harry Murphy

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Jessie Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY)

14. INFORMANT Harry Murphy (Address) 9232 Bristol Overland

15. FILED 4/13, 1929 B. L. Jensen REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 7 1929

17. I HEREBY CERTIFY, That I attended deceased from May 5, 1929 to May 7, 1929 that I last saw her alive on May 7, 1929, and that death occurred, on the date stated above, at 9:50 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senile Peritonitis
Peritonitis
 (duration) yrs. mos. ds. 3-5 ds.
 CONTRIBUTORY Unilateral Infection (SECONDARY) (duration) yrs. mos. ds. 3-7 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, 9232 Bristol Ave. Overland
 DID AN OPERATION PRECEDE DEATH, no DATE OF _____
 WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? pathological & clinical
 (Signed) Lee J. Reilly, M. D.
 (Address) 1283 1/2 Theatre Bldg.

*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 Lake Charles Cem. DATE OF BURIAL 3/9 1929

20. UNDERTAKER Baumann Bros. ADDRESS Overland, 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.

MAY 22 1929

for Barry
11th Avenue