

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

Do not use this space.  
**18503**

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

MARGINAL RESERVED FOR BINDING

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.

49 8 6 233 1 2 1

**PLACE OF DEATH**  
 County Jasper Registration District No. 409  
 Township Jasper Primary Registration District No. 4242  
 City Dubuque (No. ....) St. .... Ward) .....

**2. FULL NAME** Charles E. 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 M 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 Josie Murphy

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 24, 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
27 6 28

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) Mo.

**PARENTS**

10. NAME OF FATHER Chas. Murphy

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ill.

12. MAIDEN NAME OF MOTHER Lou Poyar

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

14. INFORMANT Josie Murphy  
 (Address) Joplin, Mo.

15. FILED 7/23, 1929 W.R. Kaddie REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-28-29

17. I HEREBY CERTIFY, That I attended deceased from 1929 to May 22, 1929 that I last saw him alive on May 22, 1929 and that death occurred, on the date stated above at 1:30 A. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pul tuberculosis  
23A (duration) ..... yrs. .... mos. .... ds.  
 CONTRIBUTORY (SECONDARY) 31 (duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF.....  
 WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) W. H. Brookshire M. D.  
5/22, 1929 (Address) Joplin, 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 Forest Park Cem. DATE OF BURIAL 5-24-29

20. UNDERTAKER Murphy & Co ADDRESS Joplin, Mo.

