

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

Do not use this space.

38992

1. PLACE OF DEATH

County Linn
Township Franklin
City Kennett Mo. (No. _____)

Registration District No. 288
Primary Registration District No. 4172

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Martha S. 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

Female

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

M. S. Murphy

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

July 23-1863

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, _____hra. or _____min.
<u>67</u>	<u>5</u>	<u>4</u>	

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) Ill

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Ill

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Ill

14.

INFORMANT Burren Murphy
(Address) Kennett Mo

15.

FILE NO. 12-1933 Thelma Davis
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-19 1930

17. I HEREBY CERTIFY, That I attended deceased from
12-18 1930, to 12-19 1930
that I last saw her alive on 12-18 1930, and that death occurred, on the date stated above, at 2:30 PM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral apoplexy
82A
(duration) yrs. mos. 43 ds.

CONTRIBUTORY (SECONDARY)

74W
(duration) yrs. mos. ds.

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? none

(Signed) Paul Belwin, M. D.

, 19 (Address) Kennett 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

DATE OF BURIAL

Spangh Cur 12-20 1930

20. UNDERTAKER

ADDRESS

A. C. Lawdell Kennett Mo

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.

MARGIN RESERVED FOR BINDING

V. S. NO. 2.

19 1930

