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

Do not use this space.

16960

1. PLACE OF DEATH
County: Worth
Township: Allendale
City: Grant City (No. ..., ..., St. ..., Ward)

Registration District No. 9 83
Primary Registration District No. 1 45 AS

File No. ...
Registered No. 12

2. FULL NAME: Mary Kathryn 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 3 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

MAY 27 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John S Murphy

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 3 1870

7. AGE: Years 60 | Months 6 | Days 14 | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Lived with daughter
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9. BIRTHPLACE (CITY OR TOWN): Lawson
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: William Taggart
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Dent Mead
(STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: Mary Amate
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown

14. INFORMANT: Jessie Murphy
(Address): Grant City, Mo.

15. FILED: 5-10-31 John Andrews
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4/17 – 1931

17. I HEREBY CERTIFY, That I attended deceased from 1930 July, 1930, to April 17 – 1931 that I last saw h. alive on April 16, 1931, and that death occurred, on the date stated above, at 6 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis and Cerebrovascular Nephritis
93C
130 (duration) 1 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Senility & hard work
(duration) 2 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? Clinical
(Signed) J P Phipps, M. D
4/18, 1931 (Address) Grant City 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: Cowgill, Mo. | DATE OF BURIAL: 4/19 1931

20. UNDERTAKER: Arch C. Dunfee | ADDRESS: Grant City

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.