STANDARD CERTIFICATE OF BIRTH

State File No. .....
Registered No. .....

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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

477

1. PLACE OF DEATH

23 County Clark — Registration District No. 191 — File No. .....

Township Wyaconda — Primary Registration District No. 4114 — Registered No. 1

City Luray (No. ..... St. ..... Ward)

FULL NAME Sarah L. Murphy

(a) Residence. No. Luray Mo St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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.

AUG 23 1932

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct-14-1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	68	2	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 235
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland Co. Mo 1

PARENTS

10. NAME OF FATHER Isaac Anthony

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 2 Pennsylvania

12. MAIDEN NAME OF MOTHER Jane Sedon

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

14. INFORMANT Clyde Murphy
(Address) Ft Madison, Ia

15. FILED 1-4-1932 R. G. Callihan REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 1 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1932, to ....., 19.... that I last saw her alive on Jan, 1932, and that death occurred, on the date stated above, at 10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

126 Acute Emphysema of Gall Bladder
127A

..... (duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY) Gall-Stones

..... (duration) 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 126

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? ..... (1)

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) R. G. Callihan, M. D.

1-3, 1932 (Address) Luray - 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
Camp's Cemetery	Jan 3 1932
20. UNDERTAKER	ADDRESS
Gerth & Baskett	Wyaconda Mo

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

1. PLACE OF DEATH

County..... Registration District No..... File No.....

Township..... Primary Registration District No..... Registered b

City..... (No....., ...St.

2. FULL NAME.....

(a) Residence. No.....St., ...Ward. .....
(Usual place of abode) (If nonresident, give ci

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth?

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

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

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)

PARENTS

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14.
INFORMANT.....
(Address)

15.
FILED....., 19..... .....
REGISTRAR

MEDICAL CERTIFICATE OF I

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

17.
I HEREBY CERTIFY, That I attended d
....., 19....., to.....
that I last saw h..... alive on.....
death occurred, on the date stated above, at.....

THE CAUSE OF DEATH* WAS AS FOLLOWS:

.....
.....
.....
..... (duration) .....

CONTRIBUTORY.....
(SECONDARY)
..... (duration) .....

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE (

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed).....

, 19 (Address)

*State the DISEASE CAUSING DEATH, or in death: (1) MEANS AND NATURE OF INJURY, and (2) Wheth HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

20. UNDERTAKER

UNITED STATES STANDARD CERTIFICATE OF BIRTH

by births should be registered.—There is hardly a relation of life—social, legal, or economic—in which the evidence ed by an accurate registration of births may not prove to be of the greatest value, not only to the individual, but the public at large. It is not only an act of civilization to register birth certificates but good business, for they are tly used in many practical ways, some of which are listed below:

s evidence to prove the age and legitimacy of heirs;
s proof of age to determine the validity of a contract into by an alleged minor;
s evidence to establish age and proof of citizenship cent in order to vote;
(8) As evidence in the administration of estates, the settlement of insurance and pensions;
(9) As evidence to prove the irresponsibility of children under legal age for crime and misdemeanor, and various other matters in the criminal code;