

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

Do not use this space.

1411

1. PLACE OF DEATH

County Jasper Registration District No. 408
Township Carthage Primary Registration District No. 7020
City Carthage (No. 821, Walnut) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Lucinda A. Murphy
(a) Residence, No. 821 Walnut St., _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 64 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 16, 1855

7. AGE YEARS 76 MONTHS 5 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vernon co. mo!

13. NAME Phillip Hooch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va. 2

15. MAIDEN NAME Ann Pryer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo. 1

17. INFORMANT Mrs. A. E. Brown (ADDRESS) Carthage mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Cemetery DATE 1-21 1932

19. UNDERTAKER Ulmer - Grace (ADDRESS) Carthage mo.

20. FILED Jan 21 1932 E. H. Fetcham Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1931, to Jan 19, 1932

I last saw him alive on Jan 10, 1932 Death is said

to have occurred on the date stated above, at 7:30 am.

The principal cause of death and related causes of importance were as follows:

acute gastro-enteritis
acute gastric dilatation
120 P
118 C
162

Other contributory causes of importance: Senility

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Floyd B. Clutter, M. D.

(Address) Carthage - 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.

49
5
7
1932

