

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

Do not use this space.

3240

1. PLACE OF DEATH

County..... Registration District No.....
 Township..... Primary Registration District No.....
 City St Louis (No. De Paul Hospital) St. Ward)

File No.....
 Registered No. 1012

2. FULL NAME Bertella Murphey

(a) Residence. No. 1817 Thurman Blvd. St. 17 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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 28 1905

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	26	1	2	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Clerk
 (b) General nature of industry, business, or establishment in which employed (or employer) Aetna Life Ins Co.
 (c) Name of employer Aetna Life Ins Co.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo.

10. NAME OF FATHER Samuel Murphey

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

12. MAIDEN NAME OF MOTHER Theresa Murray

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

14. INFORMANT Theresa Murphey
 (Address) 1817 Thurman Blvd.

15. FILED 30 1932 W. J. Barker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3
 16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 30 1932
 17.

I HEREBY CERTIFY, That I attended deceased from Jan 15, 1932, to Jan 30, 1932, that I last saw him alive on 1-29, 1932, and that death occurred, on the date stated above, at 6:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hyperplastic Tuberculosis of Small Intestine - Terminal Pleum

4 to 6 yrs (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Beriberi - Adynamia
pleum (duration) yrs. mos. ds. 5

18. WHERE WAS DISEASE CONTRACTED St Louis, Mo

IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? Yes DATE OF 1-25-32

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. W. Thompson M. D.
 , 19 32 (Address) 3701 Westminister

*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 Calvary Cemetery DATE OF BURIAL 2-1-32 19

20. UNDERTAKER Shoop's ADDRESS 1519 S Grand Blvd.

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.

