

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

Do not use this space.

5991

**1. PLACE OF DEATH**  
 County St. Louis Registration District No. 789  
 Township St. Ferdinand Primary Registration District No. 60, 33B  
 City Pine Lawn (No. Hiernon Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** William H. Murphy  
 (a) Residence, No. 6211 Sexton Pl. 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** Male  
**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)** July 6 - 1923

**7. AGE** YEARS 8 MONTHS 7 DAYS 19  
 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.** student

**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)** Feb. 1932 **11. Total time (years) spent in this occupation** 3

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Siles mo

**13. NAME** Joseph Murphy

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Siles mo

**15. MAIDEN NAME** Clga Mudd

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Siles mo

**17. INFORMANT (ADDRESS)** Joseph Murphy 6211 Sexton mo

**18. BURIAL, CREMATION, OR REMOVAL PLACE** Calvary Cemetery **DATE** Feb. 27 32

**19. UNDERTAKER (ADDRESS)** Joseph Bromachung 4740 Flourmiller

**20. FILED** 2/26 1932 W. L. Gray, Jr. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Feb. 25, 1932

**22. I HEREBY CERTIFY, That I attended deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 6:15 p.m.

The principal cause of death and related causes of importance were as follows:  
Smothered at tunnel while roller skating on public highway at Jennings, Mo. Date of onset 4/24/32

Other contributory causes of importance: Fractured skull 225 4/23/32

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 Was test confirmed diagnosis? Yes Was there an autopsy? Yes

**23. If death was due to external causes (violence), fill in also the following:**  
 Accident, suicide, or homicide accident Date of injury 2/24 32  
 Where did injury occur? Jennings, Mo.  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Struck by auto **(5)**  
 Nature of injury Fractured skull

**24. Was disease or injury in any way related to occupation of deceased?** No.  
 If so, specify \_\_\_\_\_

(Signed) John L. Russell M. D.  
 (Address) Corner Spruce Court

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.

APR 25 1932

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