

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

Do not use this space.

9238

1. PLACE OF DEATH

County Marion Registration District No. 647
Township Marion Primary Registration District No. 3079
City Hannibal (No. 318, n 7th)

File No. _____
Registered No. 72
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 318 n 7th St. 2 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Dr. John Davis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 7, 1860</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>2</u>
	DAYS <u>26</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Musician</u>	
	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)	<u>Dallas, Texas</u>	
FATHER	13. NAME <u>William L. Murphy</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>Virginia Hargroden</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
17. INFORMANT (ADDRESS)	<u>Miss Eleanor Davis</u> <u>Hannibal, Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>River Side Cemetery</u> <u>3-6-</u> <u>1932</u>	
19. UNDERTAKER (ADDRESS)	<u>James Donnell</u> <u>Hannibal, Mo.</u>	
20. FILED	<u>3/5</u> <u>1932</u> <u>16 E. Cousin</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 29, 1932 to March 4, 1932
I last saw her alive on March 4, 1932 Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia in both upper lobes
108 / 108
Date of onset _____

Other contributory causes of importance:
She had been working hard -

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? NO

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? NO
If so, specify _____
(Signed) W. S. Ross, M. D.
(Address) Hannibal, 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.

APR 28 1932

