

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

Do not use this space.

10439

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 10
City St. Louis (No. 3920 St. Anthony)
St. _____ Ward _____

File No. _____
Registered No. 2487
St. _____ Ward _____

2. FULL NAME

James G. Murphy
(a) Residence, No. 3920 St. Anthony St. 17 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>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 9-1866</u>		
7. AGE YEARS <u>65</u>	MONTHS <u>9</u>	DAYS <u>6</u>
IF LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>carpenter</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>29</u>		
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>Trebler, Mo.</u>		
13. NAME <u>Michael J. Murphy</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Anthony, Mo.</u>		
15. MAIDEN NAME <u>Margaret Corcoran</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
17. INFORMANT <u>Mrs. M. J. Collins</u> (ADDRESS) <u>3920 St. Anthony</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Coleman</u> DATE <u>3/17-1932</u>		
19. UNDERTAKER <u>Thos. J. Finney</u> (ADDRESS) <u>1518 St. Anthony</u>		
20. FILED <u>49</u> <u>15</u> <u>1932</u> <u>St. Anthony</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 15 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1931, to Mar 15 1932
I last saw him alive on 3/14 1932. Death is said to have occurred on the date stated above, at 1.00 p.m.
The principal cause of death and related causes of importance were as follows:
Chronic myocarditis
Date of onset _____

Other contributory causes of importance: 730

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? _____ 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) Edward J. Lusk M. D.
(Address) 2616 St. Brand Blvd

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.

