

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

Do not use this space.

13216

File No. \_\_\_\_\_  
Registered No. 99  
St. 2 Ward

**1. PLACE OF DEATH**

County Monroe Registration District No. 547  
Township Monroe Primary Registration District No. 3029  
City Hannibal (No. 1008 Center)

**2. FULL NAME**

De Cleo James Murphy  
(a) Residence, No. 1008 Center St. 2 Ward

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**1 MEDICAL CERTIFICATE OF DEATH**

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) Jan. 27, 1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
18 1 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. g.l.c. Shoemaker

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) Hannibal Mo. 1

FATHER 13. NAME John P. Murphy

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

MOTHER 15. MAIDEN NAME Minnie Taft

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

17. INFORMANT (ADDRESS) J. P. Murphy  
Hannibal Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Charles DATE 4-4-1932

19. UNDERTAKER (ADDRESS) James J. Donnell  
Hannibal Mo.

20. FILED H.S. 1932 O. Clausen  
Deputy Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mch. 24, 1932 to Apr 1, 1932

I last saw him alive on Apr 1, 1932 Death is said to have occurred on the date stated above, at 11 a.m.

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

Pneumonia (Lobar) Date of onset undet.  
108108

Other contributory causes of importance:

2 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?  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 no

(Signed) J. H. Hays, M. D.  
(Address) Hannibal Mo

MAY 26 1932

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

