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.

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

Do not use this space.

14801

File No.

Registered No. 4199

1. PLACE OF DEATH

County

Township

City St. Louis (No. St. Johns Hospital St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Alexandra H. Murphy

(a) Residence, No. 8700 W. Maine St., 12 Ward. Bellville Ill
(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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 22-1864

7. AGE YEARS 67 MONTHS 7 DAYS 7 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building 27

10. Date deceased last worked at this occupation (month and year) April 1932

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Terra Haute Ind

FATHER

13. NAME Unk

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk 31

MOTHER

15. MAIDEN NAME Unk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk

17. INFORMANT (ADDRESS) Mrs. M. Murphy Bellville Ill

18. BURIAL, CREMATION, OR REMOVAL PLACE East St Louis Ill DATE 4-31 1932

19. UNDERTAKER (ADDRESS) Chas. Burke East St Louis Ill

20. FILED APR 29 1932 Max C. Starkey Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 23rd 1932 to April 29th, 1932

I last saw him alive on April 29th, 1932 Death is said to have occurred on the date stated above, at 1:05 p.m.

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

	Date of onset
131	
93 C Chronic Interstitial Nephritis	
107 A	
131	

Other contributory causes of importance:

Broncho Pneumonia

Myocardium Chronic

Name of operation (1) 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?

If so, specify

(Signed) Alphonse McMahon, M. D.

(Address) 506 Mo Bldg.