

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.

24654

1. PLACE OF DEATH

County Registration District No. 190
 Township Primary Registration District No. 2000
 City St. Louis (No. 4439, Zabadie ave)

File No.
 Registered No. 6794
 St. Ward

2. FULL NAME

John T. Murphy
 (a) Residence, No. 4439, Zabadie St. 10 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 40 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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Kate Murphy</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sep 16 - 1875</u>		
7. AGE YEARS <u>56 -</u>	MONTHS <u>10</u>	DAYS <u>12</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Stationer</u>		11. Total time (years) spent in this occupation.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Station 181</u>		
10. Date deceased last worked at this occupation (month and year).....		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

FATHER 13. NAME John Murphy

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Mary Brown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Kate Murphy 4439, Zabadie ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Cathary DATE July 25 - 1911

19. UNDERTAKER (ADDRESS) Edw. J. Howard & Son 4319 St. Louis ave

20. FILED 1 1911 W. J. Stuber Registrar

PHYSICIAN'S MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 1911

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

I last saw him..... alive on..... 19..... Death is said to have occurred on the date stated above, at 2:30 a. m.

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

Heat Prostration Date of onset 1911

Other contributory causes of importance:

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.....

(Signed) J. J. [Signature]

(Address) St. Louis

Registrar W. J. Stuber 2/1/11

1902
1903

67

1904
1905
-19-5-

1.5m