

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.

OCT 29 1932

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 1170 File No. 30354
Township Central Primary Registration District No. 62487A Registered No. 185
City Richmond Heights (No. St. Mary's Hospital) St. _____ Ward _____

2. FULL NAME

Joseph B. Murphy Sr.
(a) Residence, No. 531 E. Lockwood Ave Ward. Webster Groves Mo
(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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret C. Murphy
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9 1847
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 85 3 19
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Candy Manufacturer
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) Dublin 15
(STATE OR COUNTRY) Ireland

13. NAME Bernard Murphy

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

15. MAIDEN NAME Catherine Everhard

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

17. INFORMANT Mrs. M. C. Murphy
(ADDRESS) 531 E. Lockwood Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE Sept 30, 1932

19. UNDERTAKER Croghan Und. Co Inc
(ADDRESS) 746 Manchester Ave

20. FILED 9/29 1932 B. J. Jensen
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Mar 3rd 1931 to Sept 29 1932
I last saw him alive on Sept 29 1932 Death is said to have occurred on the date stated above, at 4 A. M.

The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis Date of onset Don't know
Parkinson's Syndrome 1930
131
107A
87B Other contributory causes of importance:
Pneumonia Bronchial 2/28/32

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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? No
If so, specify _____
(Signed) Ralph E. Weston, M. D.
(Address) Webster Groves, Mo

