

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

Do not use this space.

35256

1. PLACE OF DEATH

County Dekalb.
Township Polk.
City (No. _____) _____ (No. _____) _____ (Ward)

Registration District No. 5364
Primary Registration District No. 262

File No. _____
Registered No. _____

2. FULL NAME NANCY JANE MURPHY

(a) Residence, No. Union Star, Mo. St. _____ Ward. King-City, 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>HUGH MURPHY</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>DEC. 31, 1854</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>10</u>
	DAYS <u>5</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife.</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.	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>IOWA.</u>	<u>2</u>	
FATHER	13. NAME <u>JOHN KELSEY</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>UNKNOWN:</u>	<u>31</u>
MOTHER	15. MAIDEN NAME <u>AMANDA BAKER</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>UNKNOWN.</u>	<u>UNKNOWN.</u>
17. INFORMANT (ADDRESS) <u>Homer Murphy</u> <u>Union Star Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union Star, Mo</u> DATE <u>11/8/32.</u>	<u>19</u>	
19. UNDERTAKER (ADDRESS) <u>H. D. WILSON</u> <u>KING CITY, MO.</u>		
20. FILED <u>11-6</u> 19 <u>32</u> <u>E. M. Reynolds</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 6 / 1932. 1932

22. I HEREBY CERTIFY, That I attended deceased from October 3, 1932, to Nov 6, 1932
I last saw her alive on Oct 3, 1932 Death is said to have occurred on the date stated above, at 10:50 P:M
The principal cause of death and related causes of importance were as follows:
Encephalitis Encephalitis (non-Epidemic) Date of onset About 2 yrs
Other contributory causes of importance:
Cerebral Haemorrhage October 25 1932

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) A. F. Auletto, M. D.
(Address) KING CITY, MO.

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.

