

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

Do not use this space.

38123

1. PLACE OF DEATH

County Vernon Registration District No. 875
Township Washington Primary Registration District No. 616.2
City Nevada (No. 4) St. _____ Ward _____

File No. _____
Registered No. 244

2. FULL NAME

Thomas Emmott Dunphy
(a) Residence, No. State Hospital St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX mal 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 Elizabeth Dunphy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10 1878

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
54 3 8

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 195

10. Date deceased last worked at this occupation (month and year) Sept 15 1932 11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Seward, Neb.

13. NAME J. M. Dunphy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

15. MAIDEN NAME Jane Coleman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) Elizabeth Dunphy Nevada mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Newton Cemetary DATE 11-19 1932

19. UNDERTAKER Ferry Funeral Home (ADDRESS) Nevada mo

20. FILED 12-5 1932 E. P. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 31 1932, to Nov 17 1932

I last saw him alive on Nov 16 1932. Death is said to have occurred on the date stated above, at 3:10 a.m.

The principal cause of death and related causes of importance were as follows:
Peritonitis Date of onset _____

Other contributory causes of importance appendicitis

Name of operation appendectomy Date of 11/17/32
What test confirmed diagnosis? exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____ 19____
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) J. M. Hogan M. D.
(Address) State Hosp. Nevada, Mo.

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.

JAN 5 1933

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