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.

2965

1. PLACE OF DEATH
County St Francois — Registration District No. 1115 — File No.
Township Liberty — Primary Registration District No. 6021 — Registered No. 3
City ..... (No. ....., ..... St. ..... Ward)

2. FULL NAME Rufus A. Murphy
(a) Residence, No. ..... St., ..... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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 Josephine Acuff Murphy
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15, 1854
7. AGE YEARS 79 MONTHS 0 DAYS 3 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) (STATE OR COUNTRY) St Francois Co Mo.

FATHER
13. NAME Wm Murphy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Francois Co, Mo.

MOTHER
15. MAIDEN NAME Rachael Wood
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Charles Murphy Knob Lick, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE O O F Knob Lick, Mo. DATE 1-20-33
19. UNDERTAKER (ADDRESS) Underwood Co Farmington Mo.
20. FILED 1/19 1933 H. G. A. Rydeen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-18, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-4, 1933, to 1-18, 1933
I last saw him alive on Jan 17, 1933. Death is said to have occurred on the date stated above, at 6a m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage — Date of onset 1-4-33
82A 82A

Other contributory causes of importance:

Name of operation ..... 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) Geo. L. Wolters, M. D.
(Address) Farmington Mo.