

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.

10858

1. PLACE OF DEATH

County St. FrancoisRegistration District No. 773Township ParisPrimary Registration District No. 4464City Paris No. 370

File No. _____

Registered No. 37

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____

(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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Unknown

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

7-27-1871

7. AGE

61

YEARS

MONTHS

7

DAYS

19

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

Housework

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

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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)

Paris, Mo.

FATHER

13. NAME

Byrd Murphy

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

Paris, Mo.

MOTHER

15. MAIDEN NAME

Caroline Zolman

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

Paris, Mo.

17. INFORMANT (ADDRESS)

Charles Murphy Paris, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Louis DATE Mar 20, 1933

19. UNDERTAKER (ADDRESS)

Wardell Hurd Co Paris, Mo.

20. FILED

348-1933 TB Robinson

Registrar

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 16, 1933

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

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 3:30 p.m.

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

Marital Cause
Partial offoplexy

Date of onset

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) Rella Cozear Coroner(Address) Paris, Mo.

