

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

Do not use this space.

14982

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis (N. ISOLATION HOSPITAL)

File No. ....  
Registered No. 3506  
St. .... Ward)

**2. FULL NAME**

Murphy Newman  
(a) Residence, No. 2209 1/2 Adams St., 22 Ward. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 1 yrs. 0 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 24, 1932</u>		
7. AGE	YEARS	MONTHS
	<u>1</u>	<u>0</u>
		DAYS
		<u>20</u>
		If LESS than 1 day, ..... hrs. or ..... min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
<u>Nil</u>		
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) St. Louis, Mo  
(STATE OR COUNTRY)

13. NAME Frank Newman

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

15. MAIDEN NAME Gertrude Griffith

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

17. INFORMANT (ADDRESS) J. Eschenbrenner ISOLATION HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis Ill DATE 4/18 1933

19. UNDERTAKER (ADDRESS) B. M. Green 2517 Packard Ave.

20. FILED APR 17 1933 19 Ray C. Harclay Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-14 1933

I HEREBY CERTIFY that I attended deceased from March 30 1933 to April 14 1933  
I last saw him alive on April 14 1933 Death is said

to have occurred on the date stated above, at 4:10 pm.

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

Bronchopneumonia Date of onset 3-27

Spasmodic Dyspepsia

Other contributory causes of importance:

Spasmodic Dyspepsia

Name of operator Emory Griffith of 3-27-33

What test confirmed diagnosis? Culture Was there an autopsy? No

23. If death was due to external cause (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.

Manner of injury.....  
Nature of injury.....

24. Was disease of injury directly related to occupation of deceased?  
If so, specify.....  
(Signed) J. Eschenbrenner M. D.  
(Address) ISOLATION HOSPITAL

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.

MARGIN RESERVED FOR BINDING

J. S. NO. 2

