

*Hays*

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

Do not use this space.

18719

1. PLACE OF DEATH

108 County *Bernon*  
Township *Washington*  
City *Nevada* (No. ....)

Registration District No. *875*  
Primary Registration District No. *6/62*

File No. ....  
Registered No. *127*  
St. .... Ward)

2. FULL NAME

*Dan Murphy*  
(a) Residence, No. *State Hwy # 30* St. .... Ward. ....  
(Usual place of abode)  
Length of residence in city or town where death occurred *13 yrs. 5 mos. 13 ds.* How long in U. S., if of foreign birth? yrs. mos. ds.  
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single*  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *DK 1892*  
7. AGE YEARS *51* MONTHS *-* DAYS *-* If LESS than 1 day, .... hrs. or .... min.

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

13. NAME *Matthew E. Murphy*

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

15. MAIDEN NAME *Elizabeth* - DK

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

17. INFORMANT (ADDRESS) *Mrs. R.R. Floyd Butler*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Adram Mo* DATE *5-15* 19*35*

19. UNDERTAKER (ADDRESS) *Allen U Hays Nevada Mo*

20. FILED *6-8-35* 33 E. R. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 14 1935*  
22. I HEREBY CERTIFY, That I attended deceased from *Aug 4 1931* to *May 14 1935*  
I last saw *him* alive on *May 13 1933* Death is said to have occurred on the date stated above, at *11:00 A.M.*  
The principal cause of death and related causes of importance were as follows:

*93C*  
*Ch. Myocarditis*  
*84*  
*93C*  
Other contributory causes of importance:  
*Manic Depressive Insanity*

Name of operation ..... Date of .....  
What test confirmed diagnosis? *Microsc.* 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) *Laura L. Cooper*, M. D.  
(Address) *Nevada Mo*

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.

JUN 24 1935

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