

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

Do not use this space.

**19658**

**1. PLACE OF DEATH**

County Jackson Registration District No. 390 File No. \_\_\_\_\_  
Township Kear Primary Registration District No. 1-2-102 Registered No. 2367  
City Ramassey No. 7 C. General Hosp St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 2635 Tracy Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. 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>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs Anna Murphy</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 6 1874</u>				
7. AGE	YEARS <u>58</u>	MONTHS <u>5</u>	DAYS <u>28</u>	If LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>City Employee</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) (STATE OR COUNTRY) <u>Mo.</u>				
FATHER	13. NAME <u>Martin Murphy</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>			
MOTHER	15. MAIDEN NAME <u>Mattie Ank.</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>			
17. INFORMANT (ADDRESS) <u>Reverend Pless</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary B.</u> DATE <u>6-7 1933</u>				
19. UNDERTAKER (ADDRESS) <u>W. J. Mayberry</u>				
20. FILED <u>6-6 1933</u> <u>M. M. Crowe</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-4 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-10 1933 to 6-4 1933  
I last saw him alive on 6-4 1933 Death is said to have occurred on the date stated above, at 3:10 P.M.  
The principal cause of death and related causes of importance were as follows:  
Sarcoma of the Sarcoma  
47A  
47A  
Other contributory causes of importance: \_\_\_\_\_

(Name of operation none Date of \_\_\_\_\_)  
What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) J. H. G. [Signature], M. D.  
(Address) 12. C. Gen. Hosp  
R.E. 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.

