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

Do not use this space.

24108

File No. .....
Registered No. 15

1. PLACE OF DEATH
County Pulaski
Township .....
City Richland (No. ..... St. ..... Ward)
Registration District No. 712
Primary Registration District No. 4427

2. FULL NAME Mary Jane Murphy

(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*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Dr. H. C. Murphy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 8 1856

7. AGE: Years 77 | Months 5 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home wife
10. Date deceased last worked at this occupation (month and year): 1932
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iberia Mo

FATHER

13. NAME: Evan Lelan Short
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn

MOTHER

15. MAIDEN NAME: Nancy Ann Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

17. INFORMANT: Dr. H. C. Murphy (ADDRESS) Richland - Mo -
18. BURIAL, CREMATION, OR REMOVAL PLACE Richland - Mo. DATE July 31, 1933
19. UNDERTAKER: R. B. Tuckle (ADDRESS) Richland, Mo.
20. FILED July 31, 1933 Everett A. Oliver, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 29 -, 1933, to July 29 -, 1933
I last saw her alive on July 29, 1933. Death is said to have occurred on the date stated above, at 9 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Uterus	18 Mos ago

Other contributory causes of importance: None

Name of operation: None Date of: —
What test confirmed diagnosis? Bedside 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) Everett A. Oliver M. D.
(Address) Richland, Mo.

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.

AUG 29 1933