

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

Do not use this space.

24128

1. PLACE OF DEATH

County Rainald
Township Murphy
City Highway (No., St. Ward)

Registration District No. 732
Primary Registration District No. 4437

File No.
Registered No. 12

2. FULL NAME

(a) Residence, No. Highway 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 <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>Ann Murphy</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 26 - 1895</u>		
7. AGE YEARS <u>37</u>	MONTHS <u>9</u>	DAYS <u>22</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation <u>17</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>was made</u>		
10. Date deceased last worked at this occupation (month and year) <u>Sept 1933</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rainald Mo</u>		
13. NAME <u>Maude R Murphy</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>		
15. MAIDEN NAME <u>Mrs Belle Ferrill</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Frontier Mo</u>		
17. INFORMANT <u>Mrs. Belle Murphy</u> (ADDRESS) <u>Highway</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>City High</u> DATE <u>July 19</u> 19 <u>33</u>		
19. UNDERTAKER <u>C. F. Burckhalter</u> (ADDRESS) <u>Highway</u>		
20. FILED <u>7/19</u> 19 <u>33</u> <u>C. F. Burckhalter</u> Received		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-18 1933

22. I HEREBY CERTIFY, That I attended deceased from Coroner Call, 1933, to 1933, 1933.
I last saw h..... alive on....., 1933. Death is said to have occurred on the date stated above, at 4:20 A.M.
The principal cause of death and related causes of importance were as follows:
Guns shot wound inflicted with a .22 caliber pistol - six shots entering the right lung. This was a case of Homicide. Mark Murphy fired the shots that killed John P. Murphy. Date of onset 7/18/33

Other contributory causes of importance: None

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? Homicide Date of injury 7/18, 1933
Where did injury occur? His front home, Highway
Mo. (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 None
(Signed) A. Maddox-Coroner, M. D.
(Address) Rainald Co. Highway

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 26 1933

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