

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JAN 3 1934

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

Do not use this space.

38190

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **5133**, **Cates Ave.** St. Ward)

File No.....
Registered No. **9827**

2. FULL NAME **Mary Jane Murphy**

(a) Residence, No. **5133 Cates Ave.** St. **17** Ward. (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 **Widowed** (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Col. David Murphy**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 24th, 1843**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 11 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Home**
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) **Illinois**

FATHER 13. NAME **Allen Bainbridge**

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

MOTHER 15. MAIDEN NAME **Nancy Spiller**

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

17. INFORMANT (ADDRESS) **Mrs Mary Blanks 5133 Cates Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Jeff. Barracks** DATE **Nov. 16, 1933**

19. UNDERTAKER (ADDRESS) **Hermann Hual 1905 Union Blvd.**

20. FILED **NOV 17 1933** Registrar **J. H. H. H.**

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 13, 1933**

22. I HEREBY CERTIFY, That I attended deceased from **1-1-** 19**25**, to **11-13-** 19**33**

I last saw h. **2** alive on **11-13-** 19**33** Death is said to have occurred on the date stated above, at **7:59** a.m.

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

Senile degeneration of the heart (not myocardial) arteriosclerosis of the heart and cerebral vessels

Other contributory causes of importance:

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?..... 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) **R. F. Anderson**, M. D.
(Address) **1013 E. 12th St.**

Hall Billy
J.P. 5910

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