

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

Do not use this space.

JAN 26 1934
65

40737

1. PLACE OF DEATH

County Murcell

Registration District No. 556

File No. 40737

Township Princeton

Primary Registration District No. 4378

Registered No. 41

City Princeton (No.)

St. Ward)

2. FULL NAME Elizabeth 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. moa. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Unmarried

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 12 1933

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1931 to Dec 12 1933, and that I last saw her alive on Dec 12 1933 and that death occurred, on the date stated above, at 6 PM.

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF

Wm L. Murphy

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardio-vascular - renal disease, with atherosclerosis, acute suppurative otitis media, 1. Large 2. Small softening brain. (duration) yrs. mos. ds.
3. Intracapsular pneumonia CONTRIBUTORY (SECONDARY) to hip Feb 25 - 1932 - left hip May 29 - 1933. (duration) yrs. mos. ds.
4. Senility

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 19 1860

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>73</u>	<u>5</u>	<u>23</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 131
(c) Name of employer

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH No
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Phys findings
(Signed) A. B. Priestow, M. D.

9. BIRTHPLACE (CITY OR TOWN) Princeton Co. Ohio
(STATE OR COUNTRY) Ohio

10. NAME OF FATHER Henry Stephens

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not known
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Wheeler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Princeton Penn
(STATE OR COUNTRY) Penn. PENN

14. INFORMANT Mary Anne Perrotto
(Address)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Princeton **DATE OF BURIAL** 12-13 1933

15. FILED 12/12/33
J. M. Perry REGISTRAR

20. UNDERTAKER Martin Funeral Home **ADDRESS** Princeton

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PARENTS

