

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

Do not use this space.

MAY 25 1934

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City *St. Louis* (No. *5042*) *Queens Ave* St. .... Ward.....

File No. **15096**  
Registered No. **4309**

**2. FULL NAME**

*Lora Murphy*  
(a) Residence, No. *5042* *Queens* St., *7* 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) *Widowed*  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF *John Murphy*  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan-16-1861*  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*73 3 10*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at 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) *Ireland*

MOTHER FATHER 13. NAME *Patrick Gallagher*

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

15. MAIDEN NAME *Mary Carney*

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

17. INFORMANT *Catherine J. Murphy* (ADDRESS) *5042 Queens Ave.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary Cem -* DATE *April - 30* 1934

19. UNDERTAKER *Pullinane Bros* (ADDRESS) *1210 N. Grand Blvd.*

20. FILED *28* 1934 19 *J. Bredeck* Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April - 26* 1934

22. I HEREBY CERTIFY, That I attended deceased from *March 5* 1934, to *April 26* 1934  
I last saw her alive on *April 25* 1934 Death is said to have occurred on the date stated above, at *12:29* p. m.  
The principal cause of death and related causes of importance were as follows:

*Angina Pectoris*  
*94 1/2 94 W*  
Other contributory causes of importance: *Serility*

Name of operation..... 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? *No*  
If so, specify.....

(Signed) *C. Gallagher* M. D.  
(Address) *2745 N. Grand Bl*

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.

Dr. Lettinger 2745 N. Grand

Dr 3653