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

Do not use this space.

17493

File No. .....
Registered No. 16

1. PLACE OF DEATH
County Montgomery City Mo.
Township ~~Montgomery~~
City Montgomery City Mo. (No. ....., ..., St. ....., Ward)

Registration District No. 592
Primary Registration District No. 4350

2. FULL NAME Mary Murphy
(a) Residence, No. Montgomery City Mo. St., ..., Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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.

WRITE PLAINLY, WITH INK.

JUN 25 1934

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Female	white	single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	76	II	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. homekeeper
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 2yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery County Mo.

FATHER
13. NAME John Murphy
14. BIRTHPLACE (CITY OR TOWN) (~~STATE~~ OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Ester Devlin
16. BIRTHPLACE (CITY OR TOWN) (~~STATE~~ OR COUNTRY) Ireland

17. INFORMANT Gus Murphy
(ADDRESS) RFD Montgomery City Mo.

18. BURIAL, CREMATION, OR REMOVAL Catholic Cemetary May 15 1934
PLACE ..... DATE ....., 19

19. UNDERTAKER F. E. Kidwell
(ADDRESS) Montgomery City Mo.

20. FILED May 15, 1934 Orville Menefee
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13—1934, 19

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1934 to May 13, 1934
I last saw h... alive on May 13, 1934 Death is said to have occurred on the date stated above, at 2.20 PM
The principal cause of death and related causes of importance were as follows:

Bronchio-Pneumonia — Date of onset 5/5/34
107A

Other contributory causes of importance: 10A

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) G. W. Tinsley, M. D.
(Address) Montgomery City Mo.