WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JUN 26 1934

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 789 File No. 17992

Township ..... Primary Registration District No. 6033-B Registered No. 151

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME EDWARD MICHAEL MURPHY

(a) Residence, No. 6108 Ridge Ave. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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 Annabelle Lee Murphy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21-1899

7. AGE: YEARS 34 MONTHS 11 DAYS 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Driver
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ice
10. Date deceased last worked at this occupation (month and year) 1932
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knoxville Iowa

FATHER

13. NAME John Murphy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

MOTHER

15. MAIDEN NAME Lena Morrisey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris Ky.

17. INFORMANT (ADDRESS) Catherine Roberts 6132 Ridge Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St Peters cem DATE 5-26 1934

19. UNDERTAKER (ADDRESS) Alexander & sons. 6175 Delmar Blvd.

20. FILED 5-25- 1934 H A Boehmer Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/24, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6am m.

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

Suicide:
Gunshot wound self inflicted, penetrating thru upper chest, severing common corroded artery left side and death was caused by internal hemorrhage within the chest.

Date of onset

Other contributory causes of importance:

167
1033B

Name of operation ..... Date of .....

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? suicide Date of injury ....., 19.....

Where did injury occur? Wabash rd. city limits (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. public place, Wabash tracks and Page Ave. central twp.

Manner of injury gunshot

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Luke B. Tiernan 5/25/34 M.D.

(Address) 3718 Jennings Rd

Coroner St Louis Co MCO