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.

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

Do not use this space.

1. PLACE OF DEATH

96 County St. Louis, Missouri — Registration District No. 1123 — File No. 27760

Township Carondelet — Primary Registration District No. 624803 — Registered No. 263

City Jefferson Barracks, Mo. (No. Vet.Adm.Facility St. Ward)

2. FULL NAME John T. MURPHY

(a) Residence, No. 3061 Cass Ave., St.Louis, Mo. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14,1889

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	45	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stage Hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unavail.

10. Date deceased last worked at this occupation (month and year) Unavail.

11. Total time (years) spent in this occupation Unavail.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Namooki, Illinois

FATHER

13. NAME James Murphy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Unavailable

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable ~~Unavailable~~

17. INFORMANT (ADDRESS) C.H. SMITH, M.D., Clinical Director Vet.Adm.Fac.Jeff.Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National DATE July 24 1934

19. UNDERTAKER (ADDRESS) Hoffmeister U. L. Co. 7814 So. Bdwy

20. FILED 7-23- 1934 D. F. Tate M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1931, to July 22, 1934

I last saw him alive on July 22, 1934. Death is said to have occurred on the date stated above, at 12:05 A.m.

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

	Date of onset
General Paralysis of the Insane	Unk.

83

Other contributory causes of importance: None.

83

Name of operation None Date of

What test confirmed diagnosis? Clinical & Laboratory 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?

If so, specify

(Signed) W. O. GIBSON Manager, M. D.

(Address) Vet.Adm.Fac. Jeff.Brks., Mo.