

SEP 11 1934

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

Do not use this space.

1. PLACE OF DEATH

County AdairRegistration District No. 4Township TunksvillePrimary Registration District No. 3001City Tunksville (No. 3)St. Mo. Ward 165

2. FULL NAME

(a) Residence, No. 1515 S. Bain Ward 3

(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

male

4. COLOR OR RACE

white

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

married

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

Alice Murphy

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

Jan 21 - 1894

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

80620

OCCUPATION

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

Farmer

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

Farmer

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)

Grassfield Mo.

FATHER

13. NAME

James Murphy

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

unknown

MOTHER

15. MAIDEN NAME

Manewa

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

unknown

17. INFORMANT (ADDRESS)

J. L. Kephart Tunksville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Laclede

DATE

Aug 8, 1934

19. UNDERTAKER (ADDRESS)

Summers, Son Tunksville Mo.

20. FILED

Aug 17, 1934 Spencer Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to, 19

I last saw him alive on, 19. Death is said

to have occurred on the date stated above, at 8:30 P.M.

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

Called white Pt. was dying - dead on arrival Presumable cause of death - Coronary thrombosis.

Other contributory causes of importance:

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?

If so, specify

(Signed) J. Woodson Creel, M. D.(Address) 819 E. Jefferson St. Tunksville, Missouri

