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.

17

SEP 15

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

Do not use this space.

1. PLACE OF DEATH

County Carroll — Registration District No. 135 — File No. 28586

Township Sugartree — Primary Registration District No. 5191 — Registered No. 80

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

2. FULL NAME Mabel T. Murphy

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

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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-15-1911

7. AGE — YEARS 22 — MONTHS 8 — DAYS 11 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Carroll Co., Mo. Missouri

FATHER

13. NAME David Murphy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co Missouri

MOTHER

15. MAIDEN NAME Mabel M. Meier

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co Missouri

17. INFORMANT (ADDRESS) David Murphy Carrollton Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oak Hill, Carrollton Mo DATE Aug 27, 1934

19. UNDERTAKER (ADDRESS) Willis Funeral Home Carrollton Mo.

20. FILED 8-27- 1934 Ruth Haskins Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1934, to Aug 26, 1934

I last saw her alive on Aug 25, 1934. Death is said to have occurred on the date stated above, at 6:15A m.

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

Acute Endocarditis — Date of onset

91A
57F
50F

91a

Other contributory causes of importance:

Rheumatism

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

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

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. A. Kelling, M. D.

(Address) by E. Willis Waverly, Mo.