

SEP 12 1934

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

Do not use this space.

1. PLACE OF DEATH

County Franklin  
Township Central  
City St. Clair (No. \_\_\_\_\_)

Registration District No. 294  
Primary Registration District No. 5419.B

File No. 28877  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Theodosia Murphy

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 15 yrs. 5 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.  
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joseph Murphy</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 3, 1859</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>5</u>
	DAYS <u>17</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-20-34  
22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
I last saw her alive on Aug. 20, 1934. Death is said to have occurred on the date stated above, at 12:00 P.M.  
The principal cause of death and related causes of importance were as follows:  
Date of onset

Mitral Insufficiency?  
92A  
Other contributory causes of importance  
92W  
Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Where an autopsy? no

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 W. E. K. Tubell, M. D.  
(Signed) \_\_\_\_\_  
(Address) St. Clair

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Clair, Mo.</u>
	13. NAME <u>J. G. Dickworth</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Nash, California</u>
	15. MAIDEN NAME <u>Elizabeth Stovall</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Washington Co., Mo.</u>
17. INFORMANT (ADDRESS) <u>J. Purdy M. Murphy, St. Clair, Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Clair, Mo.</u> DATE <u>Aug 22, 1934</u>	
19. UNDERTAKER (ADDRESS) <u>Wm. Coffey &amp; Co., St. Clair, Mo.</u>	
20. FILED <u>Aug 31, 1934</u> <u>H. H. D. Dickworth</u> Registrar	

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 UNFADING INK—THIS IS A PERMANENT RECORD

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