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

SEP 13 1934

Do not use this space.

8063

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 30804

Township ..... Primary Registration District No. ..... Registered No. .....

City Saint Louis (No. En Route City Hospital #2 St. ..... Ward)

2. FULL NAME Helen Daniels Murphy

(a) Residence, No. 3808 Finney Avenue St., 11 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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 24, 1907

7. AGE: YEARS 27 MONTHS — DAYS 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Houswork
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) Unk
11. Total time (years) spent in this occupation Unk

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pine Bluff Ark.

FATHER

13. NAME: Lee Curtis Daniels
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ark.

MOTHER

15. MAIDEN NAME: Mary Baker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ark.

17. INFORMANT (ADDRESS): Ernestine Daniels 934 No. Newstead

18. BURIAL, CREMATION, OR REMOVAL PLACE: Washington Pk. DATE: Aug 8th 1934

19. UNDERTAKER (ADDRESS): Charles J. Davis 4107 Finney Avenue

20. FILED: AUG -6 1934 J. F. Boedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 3, 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 2:20 a.m.

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

210M 210

Fractures of Skull, Laceration of brain received in a collision between two autos in St Louis, Mo. Deceased was riding in one of automobiles.

Date of onset: 301

Other contributory causes of importance:

Name of operation: Accident Date of .....

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

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

Accident, suicide, or homicide? Accid Date of injury 8/3, 1934

Where did injury occur? St Louis Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury: Collision of two autos

Nature of injury: Fracture of Skull

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

If so, specify .....

(Signed) John Kenney, M.D.

(Address) 8/6/34 Deputy Coroner

100M-11-24-33