

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.

JAN 15 1935

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

Do not use this space.

1. PLACE OF DEATH

County Campbell  
Township Liberty  
City Leasburg (No.       )

Registration District No. 238  
Primary Registration District No. 5318

File No. 42445  
Registered No. 267  
St.        Ward       

2. FULL NAME

(a) Residence, No.        St.        Ward         
(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 Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) infant

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

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

7. AGE YEARS MONTHS DAYS / If LESS than 1 day, hrs. or min. 10 1/2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant  
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) Mo

13. NAME Joseph Murphy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

15. MAIDEN NAME Rue Foster

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

17. INFORMANT (ADDRESS) Lily Murphy - Leasburg Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Leasburg Mo DATE Dec 16 1934

19. UNDERTAKER (ADDRESS) E. C. Long - Leasburg Mo

20. FILED JAN 9 1934 W. J. TRAMM Mo Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 16 1934, to Dec 16 1934. I last saw him alive on Dec 16 1934. Death is said to have occurred on the date stated above, at 2 A.m. The principal cause of death and related causes of importance were as follows:

Injury during delivery and extreme weakness.

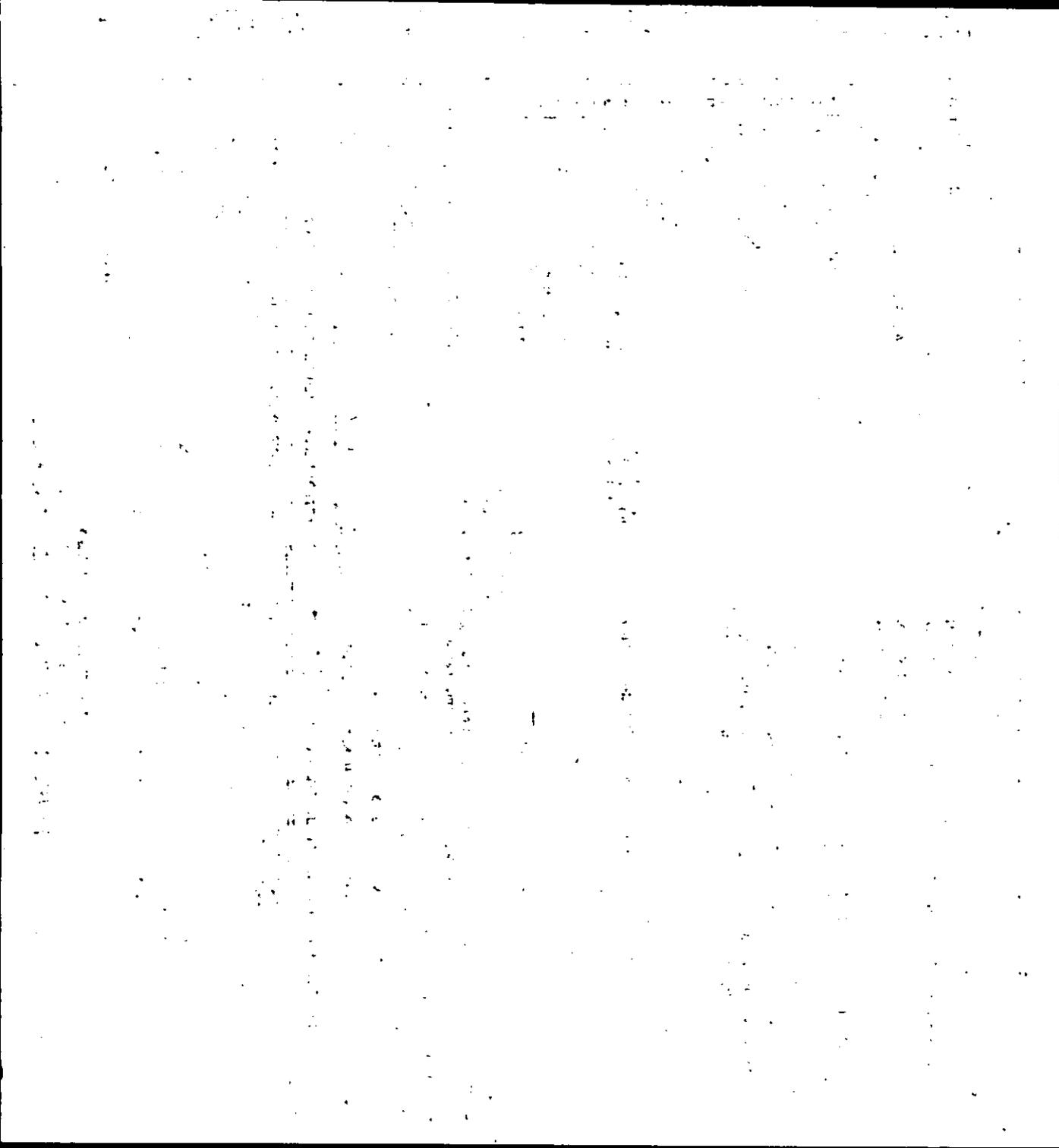
Other contributory causes of importance: Preceded delivery with cord prolapse

Name of operation Physical Date of         
What test confirmed diagnosis Physical 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?         
If so, specify         
(Signed) R. P. Rose, M. D.  
(Address) Leasburg Mo



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Platte  
Township \_\_\_\_\_  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 233  
Primary Registration District No. 5318

File No. 42445  
Registered No. 267 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Wm Murphy

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) s

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

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

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
I last saw \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 16, 1934

to have occurred on the date stated above, at \_\_\_\_\_ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ or \_\_\_\_\_

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

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

Date of onset \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

13. NAME \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

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

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

15. MAIDEN NAME \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

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

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) \_\_\_\_\_

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL

Manner of injury \_\_\_\_\_

PLACE \_\_\_\_\_ DATE \_\_\_\_\_, 19\_\_\_\_

Nature of injury \_\_\_\_\_

19. UNDERTAKER (ADDRESS) \_\_\_\_\_

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

20. FILED Jan 9 1935 W. F. Drinn M.D. Registrar

If so, specify \_\_\_\_\_

(Signed) \_\_\_\_\_, M. D.

(Address) \_\_\_\_\_

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. Exact statement of OCCUPATION is very important.

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