

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

Do not use this space.

APR 2 1935

7965

**1. PLACE OF DEATH**

County Andrew Registration District No. 13  
Township Jefferson Primary Registration District No. 4010  
City Savannah (No. 202 East Pearl Street) St. \_\_\_\_\_ Ward \_\_\_\_\_

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

**2. FULL NAME** Samuel R. Murphy

(a) Residence, No. Savannah, Missouri St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. mos. 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>male</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>Emily L. Murphy</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 15, 1872</u>		
7. AGE YEARS <u>63</u>	MONTHS <u>1</u>	DAYS <u>11</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salesman</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Monarch Insurance Co.</u>		
10. Date deceased last worked at this occupation (month and year) <u>March, 1935</u>		11. Total time (years) spent in this occupation <u>3 yrs</u>

12. BIRTHPLACE (CITY OR TOWN) Andrew County, Missouri  
(STATE OR COUNTRY)

13. NAME Andrew R. Murphy  
14. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Indiana

15. MAIDEN NAME Jane Coffey  
16. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Virginia

17. INFORMANT Ms. S. R. Murphy  
(ADDRESS) Savannah, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Savannah, Mo. DATE March 28, 1935

19. UNDERTAKER Frank A. Bowman  
(ADDRESS) Savannah, Missouri

20. FILED 3/28, 1935 Wm. A. R. King  
(Registrar)

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26, 1935

I HEREBY CERTIFY that I attended deceased from March 23, 1935 to March 26, 1935  
I last saw him alive on March 26, 1935 Death is said to have occurred on the date stated above, at 11:05 a.m.

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

Coronary embolism Date of onset \_\_\_\_\_

Other contributory causes of importance:

Asthenia &clerosis

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?  
If so, specify \_\_\_\_\_  
(Signed) Walter Chrysler, M. D.  
(Address) Savannah, Mo.

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.

