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 16 1935

Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
File No. 27628
Registered No. 6668

1. PLACE OF DEATH
County
Township
City St. Louis (No. , Firmin Desloge Hosp. St. Ward)

2. FULL NAME Murphy, Frank
(a) Residence, No. 6823 Manchester St., 4 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15, 1868

7. AGE: Years 67 | Months 6 | Days 17 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Park Dept
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) St. Francois Co. Mo

FATHER
13. NAME James Murphy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Francois Co. Mo

MOTHER
15. MAIDEN NAME Louise Thurman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Francois Co. Mo.

17. INFORMANT Christina Murphy
(ADDRESS) 6823 Manchester

18. BURIAL, CREMATION, OR REMOVAL
PLACE Meramec Mo DATE Aug 5, 1935

19. UNDERTAKER C. Hoffmeister U. Co.
(ADDRESS) 7146 Broadway

20. FILED AUG -5 1935, 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-2, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/9, 1935, to 8/2, 1935
I last saw him alive on 8/2, 1935. Death is said to have occurred on the date stated above, at 11.25 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1/2/35

HO

Other contributory causes of importance:

Name of operation Jejunostomy Date of 7/15/35
What test confirmed diagnosis? Was there an autopsy? No

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) J. O. Eudeston, M. D.
(Address) Desloge Hosp.