

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

Do not use this space.

SEP 16 1935

**791
1003**

27828

1. PLACE OF DEATH

County..... Registration District No.
Township..... Primary Registration District No.
City St. Louis (No. Firmin Desloge Hosp. St. 6668 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

OCCUPATION	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>Christina</u>			
OCCUPATION	6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 15, 1868</u>			
	7. AGE	YEARS <u>67</u>	MONTHS <u>6</u>	DAYS <u>17</u>
	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labourer</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>City Park Dept</u>			
OCCUPATION	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) <u>St. Francis Co. Mo</u>			
FATHER	13. NAME <u>James Murphy</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Francis Co. Mo</u>			
MOTHER	15. MAIDEN NAME <u>Louise Thurman</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Francis Co. Mo</u>			
17. INFORMANT (ADDRESS) <u>Christina Murphy 6823 Manchester</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Herculaneum</u> DATE <u>Aug 5, 1935</u>				
19. UNDERTAKER (ADDRESS) <u>C. Hoffmeister U.S. Co 7814 E. Broadway St. Louis</u>				
20. FILED <u>5-1935</u> 19 <u>J. Bredeck</u> 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:
Carcinoma of Stomach Date of onset 1/2/35
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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. Bredeck, M. D.
(Address) Desloge Hosp

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.

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

In the second section, the author outlines the various methods used to collect and analyze the data. This includes both manual and automated processes. The goal is to ensure that the information is both reliable and up-to-date.

The third part of the report details the results of the analysis. It shows a clear upward trend in the data over the period covered. This indicates that the current strategy is effective and should be continued.

Finally, the document concludes with a series of recommendations for future actions. These include expanding the data collection process to include more sources and improving the reporting structure to provide more detailed insights.

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