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.

JAN 17 1936

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

Do not use this space.

File No. 40176

Registered No.

Registration District No. 497

Primary Registration District No. 4200

28 3 3

1. PLACE OF DEATH
County: Linn
Township:
City: Browning (No. St. Ward)

2. FULL NAME: Charles Ed. Murphy

(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Cyrillia Bennett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 24-1860

7. AGE: Years 75 Months 4 Days 20 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Woman in factory
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Yukon Hemp Factory
10. Date deceased last worked at this occupation (month and year): 12 yrs ago
11. Total time (years) spent in this occupation: 20 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Linn Co. Mo.

FATHER

13. NAME: Murphy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): West Virginia

MOTHER

15. MAIDEN NAME: Minnie Steele
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): West Virginia

17. INFORMANT (ADDRESS): Velma Murphy, Browning, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mendell DATE: Dec. 16 35

19. UNDERTAKER (ADDRESS): C. W. Hemmingsen, Browning Mo

20. FILED: Dec 18, 1935 Flora M. McCormick Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1935, to Dec 14, 1935

I last saw him alive on Dec 14, 1935. Death is said to have occurred on the date stated above, at 11:40 P.m.

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

| | Date of onset |
|---|---|
| Renal colic | Dec 13 |
| Secondary pertonitis | |
| with symptoms of acute | |
| intestinal obstruction | |

Other contributory causes of importance:
Advanced age
Debility due to recent operation for chronic colitis

Name of operation: Date of:
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) Willis E. Christian, D.O.
(Address) Browning, Missouri