

MAR 18 1936

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

Do not use this space.

5261

1. PLACE OF DEATH

County *DeKalb*Registration District No. *262*

Township

Primary Registration District No. *4161*City *Union Star* (In)

St. _____ Ward _____

2. FULL NAME *Martin V. Murphy*(a) Residence, No. *Union Star, Mo.* St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *76* 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)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Mary E. Murphy

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

Oct 17 1838

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

*97**3**19*

OCCUPATION

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

Retired farmer

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) *2-21-1931*

11. Total time (years) spent in this occupation

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

Indiana

FATHER

13. NAME

Unknown

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

Unknown

MOTHER

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT (ADDRESS)

Mary E. Murphy Union Star, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE *St. Louis*DATE *2-7-36*

19. UNDERTAKER (ADDRESS)

W. J. Maggart King City, Mo.

20. FILED

*2-6-1936**E. M. Reynolds Registrar*

MEDICAL CERTIFICATE OF DEATH

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

2-5-36

22. I HEREBY CERTIFY, That I attended deceased from

*2-1-36 to 2-5-36*I last saw him alive on *2-4-36* 1936. Death is saidto have occurred on the date stated above, at *7:15 p.m.*

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

Cerebral Hemorrhage 2/1-36
of 20/1

Other contributory causes of importance:

Arterio Sclerosis

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? *NO*

If so, specify _____

(Signed) *E. M. Reynolds**Union Star, Mo.* M. D.

(Address) _____

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

P.M.

