

MAR 18 1936

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

Do not use this space.

5415

## 1. PLACE OF DEATH

County Gentry  
Township 1  
City Bogle (No. ....) (St. ....) (Ward ..)

Registration District No. 311  
Primary Registration District No. 5430

File No. ....  
Registered No. ....

2. FULL NAME Orvil Albert 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 4 3/4 yrs. 1 mos. 17 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 Ethel Murphy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 12, 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
43 1 17

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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) ..... 11. Total time (years) spent in this occupation.....

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

FATHER  
13. NAME James Murphy

14. BIRTHPLACE (CITY OR TOWN) Gentry County  
(STATE OR COUNTRY) Missouri

MOTHER  
15. MAIDEN NAME Mary Osborn

16. BIRTHPLACE (CITY OR TOWN) Gentry County  
(STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Ethel Murphy  
(ADDRESS) Gentry, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE New Friendship DATE March 2 36

19. UNDERTAKER Clifford Brooks  
(ADDRESS) Albany, Mo.

20. FILED March 10 1936 N. C. Williamson  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 29 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 29 36 to Feb 29 36

I last saw him alive on Feb 29 36 Death is saidto have occurred on the date stated above, at 1:30 P.M.

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

Acute dilation of heart

Date of onset

Other contributory causes of importance: 98

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) N. C. Williamson M. D.(Address) Gentry MO

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**

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**1. PLACE OF DEATH**

County Gentry Registration District No. 3 11  
 Township Bozley Primary Registration District No. 3430  
 City (No. ....) St. .... Ward)

File No. ....  
 Registered No. ....

**2. FULL NAME**

Orvil Albert 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 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) M

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
43 1 17

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

11. Total time (years) spent in this occupation

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

FATHER  
 13. NAME

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

MOTHER  
 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED April 4 1936 Mrs C. Williamson Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 29 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....  
 I last saw h..... alive on ..... 19..... Death is said

to have occurred on the date stated above, at..... m.  
 The principal cause of death and related causes of importance were as follows:

acute dilatation of heart  
acute mitral stenosis

Date of onset 17

Other contributory causes of importance:

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) C. Williamson M. D.  
 (Address) Gentry

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.

SURRENDERED

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