

MAY 20 1936

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

Do not use this space.

14849

1. PLACE OF DEATH

County Greene
Township Springfield
City Springfield

Registration District No. 318

Primary Registration District No. 2001

File No. _____
Registered No. 386
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1009 E. Webster 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 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 Rosa Murphy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25 1890

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,	
				hrs.	min.
	<u>45</u>	<u>6</u>	<u>29</u>		

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

MOTHER 13. NAME George Murphy

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

15. MAIDEN NAME Ella Harrison

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

17. INFORMANT Mrs. Elmer Derr
(ADDRESS) M. Cracker Lane

18. BURIAL, CREMATION, OR REMOVAL PLACE Hazlewood DATE April 26 1936

19. UNDERTAKER (ADDRESS) W. Springer & Co., Springfield, Mo.

20. FILED 4-25-36 Chas. A. George Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24 1936

22. I HEREBY CERTIFY, that I attended deceased from Feb. 25 1936 to April 24 1936
I last saw him alive on April 24 1936. Death is said to have occurred on the date stated above, at 3 p. m.

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

Nephritis; Chronic (Stone left ureter) Date of onset 12/1

Other contributory causes of importance: Stone left ureter, not blocking of urine from left kidney.

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) Walter Stensell, M. D.
(Address) Springfield 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.

