MAY 21 1936

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

Do not use this space.

15713

1. PLACE OF DEATH
County Jefferson
Township Valle
City DeSoto
Registration District No. 420
Primary Registration District No. 3022
File No.
Registered No.
(No. , St. Ward)

2. FULL NAME Hattie Murphy
(a) Residence, No. 810 Kennett St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Frank Murphy.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1 - 1884
7. AGE YEARS 52 MONTHS 0 DAYS 27 If LESS than 1 day, hrs. or min.

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. House Keeper
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) Missouri

FATHER
13. NAME State Madson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Ella Hawkins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Sylvester Murphy. DeSoto Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE City DATE April 30 1936
19. UNDERTAKER (ADDRESS) Mothershead DeSoto Mo
20. FILED 4-30- 1936 May Prendergast Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28th 1936
22. I HEREBY CERTIFY, That I attended deceased from April 27, 1936, to April 28, 1936
I last saw her alive on April 27, 1936 Death is said to have occurred on the date stated above, at 5:05 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
starvation	
11 b	
Other contributory causes of importance:	
Influenza	4/20/36

Name of operation None Date of
What test confirmed diagnosis? Clinical 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) Walter E. Gilm Jr., M. D.
(Address) DeSoto, 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.

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