NOV 4 1936

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

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Do not use this space.
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File No. 10407
Registered No.

1. PLACE OF DEATH

County
Township
City St. Louis, Mo. (No. Barnes Hospital St. Ward)

Registration District No.
Primary Registration District No.

2. FULL NAME Edward Joseph Murphy

(a) Residence, No. St., R.R. Ward. East St. Louis, Ill.
(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: Esther Murphy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): December 8th, 1889

7. AGE: Years 46 | Months 10 | Days 3 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cattle Buyer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Armour & Company
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): St. Louis, Missouri

FATHER

13. NAME: John E. Murphy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER

15. MAIDEN NAME: Nora Murphy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT: John E. Murphy
(ADDRESS) 1420 Exchange Bldg. (East St. Louis)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Carmel DATE Oct. 14, 1936

19. UNDERTAKER: Nell Walsh Barnes
(ADDRESS) East St. Louis, Illinois.

20. FILED OCT 16 1936 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8 - 29, 1936, to 10 - 11, 1936
I last saw him alive on 10 - 11, 1936. Death is said to have occurred on the date stated above, at 6 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Chr. Pulmonary tuberculosis	1930

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Other contributory causes of importance:

Chr. pulmonary tuberculosis	1930
Spontaneous broncho pleural fistula	8/27/36

Name of operation Date of
What test confirmed diagnosis? X-ray Was there an autopsy? yes

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) John W. Seddon, M. D.
(Address) BARNES HOSPITAL

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.

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