

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

Do not use this space.

APR 15 1936

1. PLACE OF DEATH

County Buchanan Registration District No. 25
Township St. Joseph Primary Registration District No. 100 File No. 47868
City St. Joseph (No. 220 West Hospital) Registered No. 394 Ward)

2. FULL NAME

In favor of Mrs. & Mrs. Joseph Murphy
(a) Residence, No. 608 Shade Street, St. Joseph Ward. (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 Wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Still birth
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-12-36
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. Still birth

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. None
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. Joseph Mo.

FATHER
13. NAME Joseph Murphy

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

MOTHER
15. MAIDEN NAME Elsie Koehler

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

17. INFORMANT (ADDRESS) Joseph Murphy 608 Shade St. St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph Burial 3-17-36

19. UNDERTAKER (ADDRESS) St. Joseph

20. FILED 3-17-1936 John H. Bunting Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/12 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/12 1936 to 3/12 1936, 19...
I last saw Still Birth at St. Joseph, 19... Death is said to have occurred on the date stated above, at St. Joseph a.m.
The principal cause of death and related causes of importance were as follows:

Still Birth
Premature (Smo)

Date of onset

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? No
If so, specify _____
(Signed) J. H. Bunting, M. D.
(Address) St. Joseph Mo.

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

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.

