

FEB 17 1937

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

Do not use this space.

*Dr. J. J. ...*  
917

1. PLACE OF DEATH  
 39 County Greene Registration District No. 318  
 3 Township Union Primary Registration District No. 2001  
 5 Precinct No. 1347 Summit File No. 0004  
 Registered No. 0004 St. Summit Ward 1

2. FULL NAME Charles J. Murphy  
 (a) Residence, No. 1347 Summit St. Summit Ward 1  
 (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

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 30 1859

7. AGE YEARS 77 MONTHS 0 DAYS 27 If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 26<sup>th</sup>  
 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

FATHER 13. NAME Unknown  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Chas A. Georgina (ADDRESS) Summit Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Summit DATE 1/27

19. UNDERTAKER Chas A. Georgina (ADDRESS) Summit Mo

20. FILED Jan 17 1937 Chas A. Georgina Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-2 1937

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to 1-2 1937, 19\_\_\_\_

I last saw him alive on 1-2 1937, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 5 A.M.

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

Influenza  
Bronchial Pneumonia 1-30-36

Date of onset 1-27-36

Other contributory causes of importance: \_\_\_\_\_

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis: Physical as there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None 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 None

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_

(Signed) W. J. ... M. D.  
 (Address) Summit 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.

