

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

Do not use this space.

2198

FEB 7 1937

1. PLACE OF DEATH

County Marion Registration District No. 543
Township Marion Primary Registration District No. 3029
City Hannibal (No. 2719 Hubbard) St. _____ Ward _____

File No. _____
Registered No. 79
St. _____ Ward _____

2. FULL NAME Louis W. Murphy

(a) Residence, No. 2719 Hubbard St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20th 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
65 6 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. stone moulder
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) Bary Mo

13. NAME Patrick F. Murphy

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

15. MAIDEN NAME Martina McGuire

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

17. INFORMANT Mrs. Chas. Sawyer
(ADDRESS) 2719 Hubbard St. Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hape Cem. DATE Jan. 6th 1937

19. UNDERTAKER James Adonick
(ADDRESS) Hannibal Mo

20. FILED Jan 18, 1937 J. C. G. Fisher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 4th 1937

22. I HEREBY CERTIFY That I attended deceased from Nov 18, 1936 to Jan 4, 1937
I last saw him alive on Jan 4, 1937 Death is said to have occurred on the date stated above, at 7:25 P.M.
The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis Date of onset 1936

Other contributory causes of importance: Cardiac failure

Name of operation None Date of _____
What test confirmed diagnosis? Sputum 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) Spurard Padgett, M. D.
(Address) Hannibal 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.

