

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

Do not use this space.

**JUN 22 1937**

**1. PLACE OF DEATH**

50 County Jefferson Registration District No. 4216  
Township Jefferson Platte Primary Registration District No. 5576  
City (No. 2) St. Jefferson Ward 1

File No. 20442  
Registered No. 42

**2. FULL NAME**

Frank Delmas Murphy  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 8 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 17, 1861

7. AGE YEARS MONTHS DAYS 76 7 23  
IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

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) 1930 11. Total time (years) spent in this occupation 5yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baltimore Maryland

13. NAME Francis A. Murphy

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

15. MAIDEN NAME Laura Delmas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West India Islands

17. INFORMANT J. B. Murphy  
(ADDRESS) 2 east mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE May 13 1937

19. UNDERTAKER Dwester & Vinard  
(ADDRESS) Festus mo

20. FILED 37/12 1937 J. E. Rutledge, M.D.  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10 1937

22. HEREBY CERTIFY, That I attended deceased from March 31, 1937, to May 10, 1937

I last saw him alive on May 9, 1937 Death is said to have occurred on the date stated above, at 5:20 p.m.

The principal cause of death and related causes of importance were as follows:  
MYOCARDITIS CHRONIC Date of onset

Other contributory causes of importance:  
NEPHRITIS CHRONIC

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Clinical 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?  
If so, specify \_\_\_\_\_

(Signed) J. E. Rutledge, M. D.  
(Address) Festus 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.

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