

JUL 26 1937

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

Do not use this space.

1. PLACE OF DEATH
 10 County Boone Registration District No. 73
 3 Township Columbia Primary Registration District No. 300.6
 8 City Columbia (No. 309 W. Ash) St. _____ Ward _____
 2. FULL NAME Emmet Murphy
 (a) Residence, No. 309 W. Ash St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 14 yrs. mos. _____ ds. How long in U. S., if of foreign birth? yrs. mos. _____ ds.

File No. 23147
 Registered No. 146
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

| | | | | |
|--|---|---|-------------------|--|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lena Murphy</u> | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10-4-1889</u> | | | | |
| 7. AGE | YEARS <u>47</u> | MONTHS <u>8</u> | DAYS <u>12</u> | If LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter & 29</u> | | | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Painter</u> | | | |
| | 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) <u>Missouri</u> | | | | |
| FATHER | 13. NAME <u>Patrick Murphy</u> | | | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u> | | | |
| MOTHER | 15. MAIDEN NAME <u>Mary Jane Elliott</u> | | | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u> | | | |
| 17. INFORMANT <u>Mrs. Emmet Murphy</u> (ADDRESS) <u>309 W. Ash - Columbia, Mo.</u> | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pettigrew Cem.</u> DATE <u>6-18</u> 19 <u>37</u> | | | | |
| 19. UNDERTAKER <u>Parker Furniture Co.</u> (ADDRESS) <u>Columbia, Mo.</u> | | | | |
| 20. FILED <u>6/16/37</u> <u>Allie Selby</u> Registrar. | | | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-16 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:
Acute organic heart
thrombosis
9500
 Other contributory causes of importance:
Acute indigestion
Numerous catarrhs

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) F. B. Williamson, M. D.
 (Address) Columbia, Mo.

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

Do not use this space.

1. PLACE OF DEATH

County Boone Registration District No. 73 File No. 23147
 Township _____ Primary Registration District No. 3006 Registered No. _____
 City Columbia No. _____ St. _____ Ward _____

2. FULL NAME

Emmet Murphy

(a) Residence, No. _____ St. _____ Ward _____
 (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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, _____ hrs. or _____ min. |
|--------|-----------|----------|-----------|--|
| | <u>47</u> | <u>8</u> | <u>12</u> | |

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. _____
 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) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED 9/1/37 Allie Selby Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-16, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Date of onset _____

SUPPLEMENT

SEP 3 1937
 NMO ASB
 THE STATE BOARD OF HEALTH
 OF MISSOURI

Other contributory causes of importance:

acute indigestion
Heart Complication

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? _____
 If so, specify _____

(Signed) F B Williamson, M. D.
 (Address) Columbia

LA/E-5