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

AUG 30 1937

Do not use this space.

File No. 28308

Registered No. 186

1. PLACE OF DEATH
County St. Louis
Township Central
City Brentwood, (No. 8819 Madge Ave. St. Ward)
Registration District No. 789
Primary Registration District No. 6033

2. FULL NAME MARY A. MURPHY
(a) Residence, No. 8819 Madge Ave. 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: Female
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 Daniel D. Murphy

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

7. AGE: About 76 YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
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) Ireland

FATHER
13. NAME Cornelius Birmingham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

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

17. INFORMANT Mrs Catherine Dougherty (daughter)
(ADDRESS) 8819 Madge Ave Brentwood, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE July 8, 1937

19. UNDERTAKER Croghan Und. Co. Inc.
(ADDRESS) 7146 Manchester Ave.

20. FILED 8-7- 1937 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 2/20, 1937, to 7/6, 1937
I last saw her alive on 7/5, 1937 Death is said to have occurred on the date stated above, at 6 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cervix	
Metastases to bladder, rectum and liver.	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) C. H. Bockelman, M. D.
(Address) 8900 Powell Ave.

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.

① Dr. C.H. Bockelman 8900 Powell-

2 Ambruster's for permits. -

6117 Carton Ave. - Dr. Pachmer