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.

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

Do not use this space. 1.

OCT 26 1937

1. PLACE OF DEATH
County St. Louis — Registration District No. 1170 — File No. 35385
Township Jefferson — Primary Registration District No. 6248-H. — Registered No. 194
City Richmond Hts (No. St. Marys Hospital St. Ward)

2. FULL NAME James A. Murphy
(a) Residence, No. 821 N. Hanley Rd. St., Ward. University City, Mo.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 4, 1858.

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
78	11	2	

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.
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) Missouri

FATHER
13. NAME Thos. F. Murphy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Eleanor O'Reagan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Laura Belle Murphy
(ADDRESS) 821 N. Hanley Rd

18. BURIAL, CREMATION, OR REMOVAL
PLACE Central Cemty DATE 9/9/37 19

19. UNDERTAKER Louis J. Bopp
(ADDRESS) 131 W. Argonne Dr. Kirkwood

20. FILED Sept. 7, 19 37 Sam A. Bassett, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-6-37

22. I HEREBY CERTIFY, That I attended deceased from 8/30, 1937, to 9/6, 1937
I last saw him alive on 9/6, 1937. Death is said to have occurred on the date stated above, at R A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Sigmoid	
Other contributory causes of importance:	
Intestinal obstruction	8/30

Name of operation Colostomy Date of 9/3/37
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) J. D. Stuckle, M. D.
(Address) 12 N. Central, Clayton Mo

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]