

DEC 14 1937

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  
Township Columbia Primary Registration District No. 300.6  
City Columbia (No. Boone County Hospital)

File No. 40636  
Registered No. 250  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Mrs Geneva Hard Murphy  
(a) Residence, No. Chicago, Ill. 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-13, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1937, to Nov 13, 1937  
I last saw her alive on Nov 13, 1937 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-18-1854

to have occurred on the date stated above, at 9:40 a.m.

7. AGE YEARS 82 MONTHS 10 DAYS 25 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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

Fracture of ribs clavicle & internal injuries to thorax Date of onset 11/7/37

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

Other contributory causes of importance:

Age 210 m

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

13. NAME Abner Hard

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Geneva New York

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Death Date of injury 7th Nov 1937

15. MAIDEN NAME Laure E. Veeland

Where did injury occur? Stephan Call at their home (Specify city or town, county, and State)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Geneva New York

Specify whether injury occurred in industry, in home, or in public place. Home

17. INFORMANT (ADDRESS) Mrs. C. A. Crabbe Chicago Illinois

Manner of injury Head - fell from tractor when working  
Nature of injury fracture of ribs clavicle & internal injuries to thorax

18. BURIAL, CREMATION, OR REMOVAL PLACE Aurora Illinois DATE 11-15, 1937

24. Was disease or injury in any way related to occupation of deceased? If so, specify \_\_\_\_\_

19. UNDERTAKER (ADDRESS) Parler Furniture Co Columbia Mo

(Signed) Frank L. Malone M. D.

20. FILED 11/13/1937 Allie Selby Registrar.

(Address) 10 S 10 Columbia Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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