

REC'D APR 11 1938

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

9446  
Do not use this space.

1. PLACE OF DEATH

(a) County Sanborn Mo Registration District No. 791  
(b) Township Sanborn Mo Primary Registration District No. 10013  
(c) City Sanborn Mo (d) Street No. Sanborn City Hospital # 1 Registered No. 3035  
(If death occurred in Hospital or Institution, write its name (instead of street and number))  
(e) 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.

2. PRINT FULL NAME

(a) Residence, No. 4194 West St. 25 (If nonresident, give city or town and State)  
John P. Murphy 610  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
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8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Iron Worker  
9. Industry or business in which work was done, as 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) Ill 9

13. NAME Unknown 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Hugh Murphy 4206 Beak

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington U DATE 3-25-38

19. FUNERAL DIRECTOR (ADDRESS) Richter 3500 ...

20. FILED MAR 30 1938 J. D. Biedel Local Registrar

No Physical Certificate of Death  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/15/38

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

Coronary Occlusion  
Date of onset 1

Other contributory causes of importance:  
Arterio Sclerosis

Name of operation ✓ Date of 70  
What test confirmed diagnosis? ✓ Was there an autopsy? 70

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 SEB  
Nature of injury SEB

24. Was disease or injury in any way related to occupation of deceased? 70  
If so, specify ✓  
(Signed) Hugh Murphy  
(Address) Deputy Coroner

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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.

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**