

REC'D JUN 24 1938

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

Do not use this space.

1. PLACE OF DEATH

County Sullivan
Township Union
City GREEN CITY

Registration District No. 849
Primary Registration District No. 6110

19759
File No. _____
Registered No. 28

2. FULL NAME

Phillip Mack Murphy
(a) Residence, No. RED GREEN CITY MO. Ward. 6110
(Usual place of abode)

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) Single.

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. min.
 1 30 min.

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 U

12. BIRTHPLACE (CITY OR TOWN) GREEN CITY (STATE OR COUNTRY) MO.

13. NAME MACK MURPHY

14. BIRTHPLACE (CITY OR TOWN) MILAN (STATE OR COUNTRY) MO.

15. MAIDEN NAME Ula Madilene Ogle

16. BIRTHPLACE (CITY OR TOWN) NORTH SOLEM (STATE OR COUNTRY) MO.

17. INFORMANT MACK MURPHY (ADDRESS) GREEN CITY, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE Marley Cem DATE May 28 1938

19. UNDERTAKER Blum & Tuttle (ADDRESS) Green city mo

20. FILED June 8, 1938 Virginia Leber (Address) Green City, Mo.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28 - 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-28 1938 to 5-28 1938

I last saw him alive on 5-28 1938. 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:

PREMATURE BLUE BABY
6 MONTHS -

Date of onset

Other contributory causes of importance: 157c

Name of operation _____ Date of _____

What test confirmed diagnosis? Medical 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) W. H. G. Schuman M. D.

(Address) Green City, Mo.

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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.

