

REC'D JUL 17 1938

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

22213  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 426  
(b) Township Chilhowee Primary Registration District No. 5581 Registered No. 7  
(c) City Chilhowee (d) Street No. \_\_\_\_\_ St.  
(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. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Walter Murphy 610

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-7-1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
74 11 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming

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) PeoplesburgFATHER 13. NAME Robert C. Murphy14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UnknownMOTHER 15. MAIDEN NAME Caliza Seton16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) Lottie Murphy  
Chilhowee, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Carroll Cem DATE 6/9 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred Wilkinson  
Clinton mo20. FILED 6/10 1938 O. L. Cook  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7 1938

22. I HEREBY CERTIFY That I attended deceased from Nov 1937, to Jun 7 1938  
I last saw him alive on May 2 1938. Death is said to have occurred on the date stated above, at 8:10 P.M.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach Date of onset ?

Other contributory causes of importance:

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? X-ray 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) A. F. McKinnis, M. D.(Address) Waverly Mo

**STATEMENT BY LICENSED EMBALMER.**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

*Harry W. Jackson*

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed.....

*Harry W. Jackson*

Licensed Embalmer No. ....

*3528*

P. O. Address .....

*Clinton, Va*

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

**If this body is not embalmed, above space should be left blank.**