

1938 SEP 2 9 1938

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

29206  
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411  
 (b) Township Joplin Primary Registration District No. 2992 Registered No. \_\_\_\_\_  
 (c) City Joplin (d) Street No. 114 1/2 Main 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

(a) Residence, No. 114 1/2 Main 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joa

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1866  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. about 72

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Prop. of  
 9. Industry or business in which work was done, as saw mill, bank, etc. Proving Truck  
 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) Des Moines, Iowa

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

MOTHER 15. MAIDEN NAME Anna Smith 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (NAME) (ADDRESS) Mrs. Ida Murphy Joplin Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Forest Pk. Aug-10-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Heppelthaus Joplin Mo

20. FILED 8-10-38 Joplin Mo Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8 - 1938

22. I HEREBY CERTIFY, That I attended deceased from 9pm, 1938, to July 8 - 1938  
 I last saw him alive on July 2 - 1938 Death is said to have occurred on the date stated above, at 1100 m.  
 The principal cause of death and related causes of importance were as follows:

Senescent-arteriosclerosis Date of onset 97

Other contributory causes of importance: Very large consumption of hard liquor all of life  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Urinal Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no 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) Karl L. Hoff M. D.  
 (Address) Joplin, Mo.

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

29206

RECEIVED

District Health Officer No. 6,

District File Number 6-38-157

Date Filed 9/20/38

**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, \_\_\_\_\_

\_\_\_\_\_, or by \_\_\_\_\_

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

Signed Steve Parker

Licensed Embalmer No. 2548

P. O. Address 907 1/2

**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.)**

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