

REC'D OCT 25 1938

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

32736
Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 547
 (b) Township Wesley Primary Registration District No. 3079
 (c) City Hannibal (d) Street No. Levee Hospital Registered No. 249
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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 Murphy 610

(a) Residence, No. 3224 Main St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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) July 28-1864

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>74</u>	<u>2</u>	<u>—</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from August 29, 1938, to September 21, 1938
 I last saw him alive on Sept. 21, 1938 Death is said to have occurred on the date stated above, at 7:45 m.
 The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Myocarditis

Cerebral hemorrhage

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No

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

13. NAME William Murphy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Sarah Kriegbaum

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

17. INFORMANT (ADDRESS) The Murphy, R.F.D. Hannibal, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Antioch, Mo. DATE 9-22-38

19. FUNERAL DIRECTOR (ADDRESS) James O'Donnell, Hannibal, Mo.

20. FILED 9-27-38 W. C. Fisher Local Registrar

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 B.D. Murphy, M.D.
 (Signed) B.D. Murphy (Address) Hannibal, Missouri

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, Michael J. O'Connell, Licensed Embalmer No. 3246
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself.

..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed Michael J. O'Connell

Licensed Embalmer No. 3246

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.)