

DEC 14 1938

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

39441  
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411  
(b) Township Primary Registration District No. 2002 Registered No.  
(c) City Joplin (d) Street No. Freemans Hospital 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 <sup>610</sup> Leslie Waynee Murphy

(a) Residence, No. 723 East 5th St. St. Galena, Kans  
(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) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cora Murphy  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 7 - 1876  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 62 1 12  
8. Trade, profession, or particular kind of work done, as Sawyer, bookkeeper, etc. accountant  
9. Industry or business in which work was done, as saw mill, bank, etc. Federal L & M.  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. 0

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

13. NAME ~~Leslie Waynee~~ Murphy

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

15. MAIDEN NAME ~~Missouri~~ Brown

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

17. INFORMANT Wayne S. Murphy (ADDRESS) Chicago, Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington, MO. DATE Nov 21 38

19. FUNERAL DIRECTOR (NAME) ~~Boles Undertaking Co~~ (ADDRESS) Galena Kansas

20. FILED 11-21-1938 Ed D James Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-19 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov-6 1938, to Nov-19 1938

I last saw him alive on Nov-18 1938. Death is said to have occurred on the date stated above, at 8:19 a.m.

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

Coronary Atherosclerosis  
myocardial infarction  
Date of onset Feb 1938

Other contributory causes of importance: Thromboses, multiple. Nov 15-38

Name of operation none Date of none

What test confirmed diagnosis? chest 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? none Date of injury none

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. B. Brown, M. D.

(Address) Galena Kansas

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.

RECEIVED

District Health Officer No. 6,

District File Number 6-38-714

Date Filed DEC 8 1938

**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.....

Licensed Embalmer No. ....

P. O. Address.....

**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.**