

REC'D MAR 13 1939

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

6516
Do not use this space.

1. PLACE OF DEATH
(a) County GREENE Registration District No. 378
(b) Township _____ Primary Registration District No. 2001 Registered No. 111
(c) City SPRINGFIELD (d) Street No. Springfield Baptist 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 BABY BOY MURPHY
(a) Residence, No. RICHLAND, MO St. RICHLAND, MO
(Usual place of abode, if no street address, write county or city) (If nonresident, give city of town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 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) FEB. 6th 1939

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
✓ 0 0 0 0 0 0

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. ?

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) SPRINGFIELD, MO

FATHER
13. NAME EDWARD M. MURPHY
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RICHLAND, MO

MOTHER
15. MAIDEN NAME FLOY GEORGE
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CAMDEN CO., MO

17. INFORMANT FATHER RICHLAND, MO
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Richland, Mo DATE Feb 7, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Temple Funeral Home
Richland, Mo

20. FILED Feb 6, 1939 Chas W. George, Jr.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB. 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mo, 1939, to 2/6, 1939
I last saw him alive on 2/6, 1939 Death is said to have occurred on the date stated above, at 11:00 p.m.
The principal cause of death and related causes of importance were as follows:
STILL BIRTH

Date of onset _____

Other contributory causes of importance:
PERSISTENT OCCIPUT POST 2/6/39

Name of operation VERSION + EXTRACTION Date of 2/6/39
What test confirmed diagnosis? DEL Was there an autopsy? Yes

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 Spic
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Alfred W. Hall, M. D.
502 Halladay Bldg
Springfield, Mo

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

Body not embalmed.

, 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.