

REC'D MAY 18 1939

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

Do not use this space.

15771

1. PLACE OF DEATH
 80 County Pettis Registration District No. 668
 4 Township Sedalia Primary Registration District No. 3032
 4 City Sedalia (No. 1301 E. 6)
 2. FULL NAME Mrs. Mary Gertrude Murphy
 (a) Residence, No. 1301 East 6 St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 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 William Felix Murphy
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 23, 1881
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 2 8
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as silk mill, 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) Sedalia Missouri
 13. NAME Peter Cahill
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
 15. MAIDEN NAME Ellen Maher
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Kentucky
 17. INFORMANT (ADDRESS) William Murphy Sedalia Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 4-24-39
 19. UNDERTAKER (ADDRESS) McLaughlin Bros Sedalia
 20. FILED 4-22-39 Mrs. Harry Sneed Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21, 1939
 22. I HEREBY CERTIFY, That I attended deceased from for last 54 years, 19-, to date, 19-
 I last saw him alive on April 21, 1939. Death is said to have occurred on the date stated above, at 9:55 A.M.
 The principal cause of death and related causes of importance were as follows:
Cardio-Nephritic
Hypertension
Rt. Hemiplegia
 Date of onset ?
 Other contributory causes of importance:
none
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Finding Was there an autopsy? _____
 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? no (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury no
 Nature of injury no
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify no
 (Signed) J. W. O'Connell M.D. M. D.
 (Address) 314 S. Ohio St. Sedalia 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.

WHITE-CORRECT WITH COLORING INK—THIS IS A PERMANENT RECORD

File Number 57939

District Health Officer No. 8,

RECEIVED