

AUG 18 1939

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

25382
Do not use this space.

1. PLACE OF DEATH

(a) County Clark Registration District No. 190
(b) Township Madison Primary Registration District No. 269
(c) or City (d) Street No. _____ 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. 40

2. PRINT FULL NAME

(a) Residence, No. 610 Isaac Murphy St. Clark Co. Home
(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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Socia Murphy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 15 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 9 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer
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) Clark Co. Mo13. NAME William Murphy14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Phaebie Kildow16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ruway Mo17. INFORMANT (ADDRESS) Geo Murphy
Willibronn Mo18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairview DATE July 20 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo. B. Bost
My Georgia Mo20. FILED July 20 1939 J. R. Bridges
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19 1939

22. I HEREBY CERTIFY, That I attended deceased from July 10 1939, to July 17 1939
I last saw him alive on July 17 1939. Death is said to have occurred on the date stated above, at 7:25 A. M.
The principal cause of death and related causes of importance were as follows:

mitral & aortic insufficiency
Date of onset unknown

Other contributory causes of importance:
Secondary anemia

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____
(Signed) Perly S. Boston, M. D.

(Address) Rahoka, 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.

RECEIVED

District Health Officer No. 10

District File Number 8'39-1492

Date Filed AUG 14 1939

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.....

Fredrick South, Jr.
working under my personal supervision.

Registered Apprentice No. 168

Signed.....

Geo. V. Borbeck
Licensed Embalmer No. 1817

P. O. Address WY Abanda

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.