

SEP 1 1939

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

29116
Do not use this space.

1. PLACE OF DEATH
 (a) County Gentry Registration District No. 309
 (b) Township Athens Primary Registration District No. 5427 Registered No. 33
 (c) City or Street No. _____ St.
 (d) _____ (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 Earl Ray Murphy
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Clara Price

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 11 1892

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>46</u>	<u>10</u>	<u>29</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Mail Carrier

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) Gentry County
 (STATE OR COUNTRY) Missouri

FATHER

13. NAME Robert Murphy

14. BIRTHPLACE (CITY OR TOWN) Carey County
 (STATE OR COUNTRY) Ky.

MOTHER

15. MAIDEN NAME Elizabeth Ray

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

17. INFORMANT Mrs. Ray Murphy
 (ADDRESS) Albany, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE New Friendship DATE Aug. 13, 1939

19. FUNERAL DIRECTOR (NAME) Brooks Funeral Home
 (ADDRESS) Albany, Mo.

20. FILED Aug. 14, 1939 W. J. Martin Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9, 1939

22. I HEREBY CERTIFY That I attended deceased from viewed body after death
 I last saw him alive on death, 1939. Death is said to have occurred on the 9th day of Aug, at 9:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Carbon monoxide poisoning Date of onset _____

Other contributory causes of importance: 104

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? suicide Date of injury _____, 1939
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. in home

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Dr. Jack G. Parsons M. D.
 (Address) King City, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT

DATE 8/28/47

JUL 29 1947

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.....^{me}
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Clifford Brooks

Licensed Embalmer No. 3329

P. O. Address

Albany Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.