

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39
I 110811

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1940
337

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6728
Registrar's No. 20

Registration District No. 337

Primary Registration District No. 6468

1. PLACE OF DEATH:

- (a) County Harrison Box Creek Twp
 (b) City or town Brimson Mo. R. 1
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME COHN MURPHY W.D.
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 1 - 1886
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>7</u>	<u>10</u>	hr. min.

9. Birthplace Dublin Ireland
 (City, town, or county) (State or foreign country)
 10. Usual occupation Farmer

11. Industry or business

- MOTHER FATHER
 12. Name James Murphy 5
 13. Birthplace Dublin Ireland
 (City, town, or county) (State or foreign country)
 14. Maiden name Catherine Womara
 15. Birthplace Dublin Ireland
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ray Murphy
 (b) Address Brimson Mo. R. 1
 17. (a) Rural (b) Date thereof Jan 2 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Springer Chapel
 18. (a) Signature of funeral director W.D. Daines
 (b) Address Brimson City Mo.
 19. (a) 2-20-40 (b) W.D. Daines
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Harrison
 (c) City or town Brimson Mo. Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 63 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day Jan 10 - 1940
 year 1940 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from July 19 37
 _____, 19____, to Jan 10 1940, 19____.
 that I last saw him alive on Dec 20, 19____,
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Chronic interstitial nephritis</u>	
Due to _____	
Due to _____	
Other conditions (include pregnancy within 3 months of death)	
Major findings: Of operations _____	PHYSICIAN Underline the cause to which death should be charged statistically
Of autopsy _____	

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 _____ (Specify type of place) (e) Means of injury _____
 23. Signature W.F. Warren (M. D. or other) _____
 Address Brimson City Mo. Date signed _____

RECEIVED

District Health Officer No: 11;

District File Number 340-266

Date Filed MAR 6 1920

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.