N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shou
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very im

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

Do not use this space.

FILED JUN 1941

1. PLACE OF DEATH
County Washington
Township Union
City Fifty (No. , 1 St. Ward)

Registration District No. 887
Primary Registration District No. 6187

File No. 19311
Registered No.

2. FULL NAME Lucina Murphy
(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Woman
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14-1850
7. AGE YEARS 1850 MONTHS 11 DAYS 7 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Richwoods Mo

FATHER
13. NAME Joe. Marton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richwoods O

MOTHER
15. MAIDEN NAME Lucina Marton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richwoods O

17. INFORMANT (ADDRESS) Vance Vernon
18. BURIAL, CREMATION, OR REMOVAL
PLACE Richwoods DATE May 9-41, 19
19. UNDERTAKER (ADDRESS) Sparks
20. FILED May 15 1941 G. F. Cresswell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7, 1941
22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1941, to May 1, 1941
I last saw her alive on May 1, 1941 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:

	Date of onset
Chronic myocarditis	?
93 H	
Other contributory causes of importance: Chronic bronchitis	1936

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) J. P. Ingels, M. D.
(Address) De Soto, Mo