

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.

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

Do not use this space.

FEB 29 1937

2867

1. PLACE OF DEATH

County *St. Francois*
Township *Big River*
City *Booneville Mo. R-1* (No. *71*)

Registration District No. *775*
Primary Registration District No. *6019*

File No. *2867*
Registered No. *9*
St. _____ Ward _____

2. FULL NAME

John W. Murphy

(a) Residence, No. *Booneville Mo. R-1* 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 *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 *Justine Murphy*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct. 16. 1853*

7. AGE YEARS *83* MONTHS *3* DAYS *5* IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farming*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *1*
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) *St. Francois Co. Missouri*

FATHER 13. NAME *Peter W. Murphy*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Virginia*

MOTHER 15. MAIDEN NAME *Sarah Boas*

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

17. INFORMANT (ADDRESS) *Edw. Murphy Booneville Mo. R-1*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Catholic Cemetery* DATE *Jan. 24 1937*

19. UNDERTAKER (ADDRESS) *Berham and Co. Booneville Mo.*

20. FILED *Jan. 24 1937* *N. W. Hawkin* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 21 1937*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 20 1937* to *Jan 21 1937*. I last saw him alive on *Jan 20 1937*. Death is said to have occurred on the date stated above, at *2:40 a. m.*

The principal cause of death and related causes of importance were as follows:

Solar Pneumonia Date of onset *Jan 19*

Other contributory causes of importance: *Infarction of the heart*

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? _____
If so, specify _____

(Signed) *W. J. Cavitt* M. D. O.
(Address) *Booneville*

