

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.

JAN 15 1936

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

Do not use this space.

1. PLACE OF DEATH

County Cole
Township Marion
City (No. _____) _____

Registration District No. 211
Primary Registration District No. 4428

File No. 38991
Registered No. 35
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St., _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Minor Murphy</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan - 10 - 1872</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>11</u>
	DAYS <u>16</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	11. Total time (years) spent in this occupation _____
	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) _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cole Co</u>		
FATHER	13. NAME <u>Sam Canady</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
	15. MAIDEN NAME <u>Mary Ann Chambers</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
	17. INFORMANT (ADDRESS) <u>Dwight Murphy</u> <u>Marion Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Hope Cem</u> DATE <u>12/27</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>W. H. Hayes & Sons</u> <u>Centertown, Mo</u>		
20. FILED <u>1/7</u> 19 <u>36</u> <u>H. I. Leach, M.D.</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1935, to Dec 26, 1935
I last saw her alive on Dec 26, 1935. Death is said to have occurred on the date stated above, at 12:45 m.
The principal cause of death and related causes of importance were as follows:
Phthisis Pulmonalis
Date of onset Do not know

Other contributory causes of importance:
Gout

Name of operation none Date of _____
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) Frank J. Nichols, M. D.
(Address) CENTERTOWN, MO

