

Registration District No. 211

Primary Registration District No. 4128

Registrar's No. 13

1. PLACE OF DEATH: 2
(a) County Cole
(b) City or town Center town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
00 year (Specify whether
In this community

2. USUAL RESIDENCE OF DECEASED: 1
(a) State Missouri (b) County Cole
(c) City or town Center town, Mo
(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. _____ years

3. (a) PRINT FULL NAME Minor Murphy
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 11
year 1939 hour 12 minute 45 P.M.
21. I hereby certify that I attended the deceased from on Dec 11, 1939

4. Sex Mal 5. Color or race W 6. (a) Widowed, married, divorced
6. (b) Name of husband or wife Belle 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 8 - 1862
(Month) (Day) (Year)

that I last saw him alive on Dec. 11, 1939; and that death occurred on the date and hour stated above.
Immediate cause of death Angina Pectoris Duration _____

8. AGE: Years 75 Months 4 Days 3 If less than one day
hr. _____ min. _____

Due to _____
Due to _____

9. Birthplace Boone Co Mo
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Farmer

Major findings: _____
Of operations _____
Of autopsy _____

MOTHER FATHER
11. Industry or business
12. Name High Murphy
13. Birthplace West Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Mary Murphy
15. Birthplace Myland
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, of 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? _____
While at work? _____ (Specify type of place) Means of injury _____

16. (a) Informant's signature Minor Murphy
(b) Address Center town Mo

23. Signature Karl Russell (M.D. or other) D.O.
Address Box 104 Center town Mo Date signed 12/13/39

17. (a) Burial (b) Date thereof 12/13/39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Hope

18. (a) Signature of funeral director W. H. ...
(b) Address California Mo

19. (a) 12/13/39 (b) H. T. ...
(Date received local registrar) (Registrar's signature)

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

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 St E Friedmeyer

Licensed Embalmer No. 2854

P. O. Address California m

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

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

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

43184
Do not use this space.

1. PLACE OF DEATH
(a) County Cole Registration District No. 211
(b) Township Centerston Primary Registration District No. 4128
(c) City (d) Street No. St.
(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 Minor Murphy
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED wid
(write the word)
- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 8 1862
7. AGE YEARS 76 MONTHS 4 DAYS 3 If LESS than 1 day, hrs. or min.
- OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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) (STATE OR COUNTRY)
- FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
- MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
17. INFORMANT (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19
19. FUNERAL DIRECTOR (ADDRESS)
20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 11 1939
22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...
I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:
Date of onset
- Other contributory causes of importance:
- 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... Harb. Perzalt, M. D.
(Signed) Centerston Mo
(Address)

Local Registrar.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Exact statement of 000001 A11001 is very important.

