

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.

MAY 25 1934

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

Do not use this space.

File No. 12098
Registered No. 85
St. _____ Ward _____

1. PLACE OF DEATH
County Callaway Registration District No. 104
Township 9th Primary Registration District No. 3008
City Fulton (No. _____) St. _____ Ward _____

2. FULL NAME Harvey A. Murphy
(a) Residence, No. Center town, Mo. St. Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 13 yrs. 7 mos. 24 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) single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12, 1862

7. AGE YEARS 65 MONTHS 11 DAYS 20 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Cole County, Mo.

13. NAME Wm. A. Adams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

15. MAIDEN NAME " "

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

17. INFORMANT (ADDRESS) Records of State Hospital #1 Fulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Center town, Mo. DATE April 16, 1934

19. UNDERTAKER (ADDRESS) Wellhead's Third Ave. California, Mo.

20. FILED 4/25, 1934 R. N. Creas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933, to April 15, 1934
I last saw him alive on April 14, 1934. Death is said to have occurred on the date stated above, at 2:45 P.M.
The principal cause of death and related causes of importance were as follows:
Arteriosclerosis
107A
107A
Other contributory causes of importance:
Broncho-pneumonia

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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) T. S. Lapp, M. D.
(Address) Fulton, Mo.

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