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

Do not use this space.

41991

1. PLACE OF DEATH
County Ste Genevieve — Registration District No. 6026
Township Union — Primary Registration District No. 934
City ..... (No. ..... St. ..... Ward)

File No. .....
Registered No. 9

2. FULL NAME Mary E. 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 47 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	white	widow

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Chas Murphy.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 15 - 1852

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	77	6	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Keeper.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Mo.
(STATE OR COUNTRY) Barry Co.

PARENTS

10. NAME OF FATHER H Roller.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't Know.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Smith Jarrell.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't Know.
(STATE OR COUNTRY)

14. INFORMANT Mattie Murphy.
(Address) Farmington Mo.

15. FILED 12-13-1929 Wm A Lotte
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 11 — 1929

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1928 to Dec 11, 1929. that I last saw h alive on Dec 10, 1929 and that death occurred, on the date stated above, at 6, 35 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia.
(duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (SECONDARY) Uterine fibroma —
(duration) 2 yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED 1010
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) H E Watkins, M. D.
12-12-1929 (Address) Farmington Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Masonic Cemetery	Dec 13 1929
20. UNDERTAKER	ADDRESS
Farmington Undertaking Co.	Farmington Mo.

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.