

CERTIFICATE OF DEATH

File No. 25672Registered No. 13

1. PLACE OF DEATH

County MetCALFEVot. Pat. Summer Shade Registration District No. 1059Ino. Town _____ Primary Registration District No. 6123City _____ (No. _____ St., _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME JAMES H. McMurphy(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 60 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) widowed6a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____3. DATE OF BIRTH 1845 7 297. AGE Years Months Days If LESS than 1 day or hrn. min.
90 2 188. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. merchant

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE Monroe Co. Ky13. NAME William McMurphy14. BIRTHPLACE Monroe Co. Ky15. MAIDEN NAME Malinda Hammer16. BIRTHPLACE Monroe Co. Ky17. INFORMANT L. T. McMurphy
(Address) Summer Shade Ky18. BURIAL, CREMATION, OR REMOVAL
Place Summer Shade Date Dec 18 193519. UNDERTAKER H. L. McMurphy
(Address) Summer Shade Ky20. FILED 11 13 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec 18, 193522. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1932 to Oct. 18, 1932
I last saw him alive on Oct. 18, 1932, death is said to have occurred on the date stated above, at 11 A. M.
The principal cause of death and related causes of importance in order of onset were as follows:Cystitis & Prostatitis Date of 10-1-32

Contributory causes of importance not related to principal cause:

Hypostatic Pneumonia 10-11-35Name of operation _____ Date of _____
What test confirmed diagnosis? Was there an autopsy? No23. 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 no, specify _____Signature J. M. Bowman, M. D.
(Address) Summer Shade, Ky

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH NEADING INK—THIS IS A PERMANENT RECORD. Every item of information should be stated EXACTLY. PHYSICIAN should be carefully supplied with plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.