

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

23048

File No. _____

Registered No. 266

1. PLACE OF DEATH
County Muhlenberg
Vot. Prec. _____ Registration District No. 1085
Inc. Town Central City Primary Registration District No. 2435
City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Charles Marshall 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed or Divorced (write the word)
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____		
6. DATE OF BIRTH <u>10-9-42</u>		
7. AGE	Years	Months
		Days
		If LESS than 1 day <u>4</u> hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
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.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct. 10, 194222. I HEREBY CERTIFY, That I attended deceased from
10-9 1942 to 10-10 1942I last saw ~~her~~ alive on 10-10 1942, death is said
to have occurred on the date stated above, at 6:22 a.m.
The principal cause of death and related causes of importance
in order of onset were as follows:

Premature
about 7 1/2 weeks
Date of onset
Death

Contributory causes of importance not related to
principal cause:
157Name 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 _____

Was disease or injury in any way related to occupation of
deceased? _____ If so, specify _____(Signed) J. H. [Signature] M. D.(Address) Central City, Ky

12. BIRTHPLACE Ky
13. NAME Etha Murphy
14. BIRTHPLACE Ky
15. MAIDEN NAME Clora B. Lile
16. BIRTHPLACE Ky
17. INFORMANT Etha Murphy
(Address) Central City, Ky
18. BURIAL, CREMATION, OR REMOVAL
Place St. Louis Date 10-11 1942
19. UNDERTAKER Trucka Funeral Home
(Address) Central City, Ky
20. FILED Oct 10 1942 A. B. [Signature]
Registrar.

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.