

1 PLACE OF DEATH

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHCounty MUHLBERGFile No. 26094Vot. Pot. NELSON NO 19Registration District No. 1095

Registered No. _____

Ine. Town _____ Primary Registration District No. 6844

City _____ (No. _____ St. _____ Ward _____)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Heyleen MURPHY(a) Residence. No. NELSON, KY 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 Male 4 COLOR OR RACE White 5 Single Married
Married
Widowed
or Divorced
(Write the word)

5a If married, widowed, or divorced

HUSBAND of

(or) WIFE of Rosa Murphy6 DATE OF BIRTH Aug 8 1894
(Month) (Day) (Year)7 AGE 82 yrs. 3 mos. 4 ds. IF LESS than 1
day ____ hrs.
or ____ min?

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Construction

(b) General nature of industry, business or establishment in which employed (or employer) _____

9 BIRTHPLACE (city or town) Ky
(State or country)10 NAME OF FATHER John Murphy11 BIRTHPLACE OF FATHER (city or town) Virginia
(State or country)12 MAIDEN NAME OF MOTHER Wendie Gardner13 BIRTHPLACE OF MOTHER (city or town) Illinois
(State or country)14 (Informant) Rosa Murphy
(Address) Nelson 7415 Filed 10.15, 1928 Dan Napier
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH MARCH 13, 1928
(Month) (Day) (Year)17 I HEREBY CERTIFY That I attended deceased from Dec 11, 1928 to March 13, 1928
that I last saw him alive on March 12, 1928and that death occurred on the date stated above at 1132 P
The CAUSE OF DEATH* was as follows:
asthma & emphysema
id(Duration) 10 yrs. mos. ds.Contributory not known
(Secondary)
(Duration) _____ yrs. mos. ds.

18 WHERE WAS DISEASE CONTRACTED

If not at place of death? not knownDid an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? See Exp(Signed) Thos. J. Harvey, D.712 S 19th (Address) Nelson 74

*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. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL BLUFF CEMETERY DATE OF BURIAL 2/13, 192820 UNDERTAKER Smalley ADDRESS Central City

WRITE PLAINLY, WY UNFADING INK—THIS IS A PERMANENT RECORD

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. See instructions on back of certificate.

MADE BY THE BUREAU OF VITAL STATISTICS