

Murphy, Robert

MARGIN RESERVED FOR BINDING
D. V. S. Form 2
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.

1. PLACE OF DEATH (Dist. No. 10 12) Series No. 26
(TO BE INSERTED BY LOCAL REGISTRAR) Division of Vital Statistics

County Fayette West Virginia State Department of Health

District Dalls CERTIFICATE OF DEATH 11563
(FOR STATE REG. USE ONLY)

Town or City Gauley Bridge, W. Va. St. _____ Ward _____
IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER

2. FULL NAME Robert Murphy
(a) Residence. No. _____ St. _____ Ward _____
(USUAL PLACE OF ABODE)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S. A., if of foreign birth? yrs. mos. days.
(IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS: MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE colored 5. Single, Married, Widowed, or Divorced (write the word) single

21. DATE OF DEATH (month, day and year) Sept 23 1931

6a. IF MARRIED WIDOWED OR DIVORCED Husband of _____ (or) Wife of _____

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____ at _____, death is said to have occurred on the date stated above, at 10:45 a. m.

8. DATE OF BIRTH (month, day, and year)

The principal cause of death and related causes of importance in order of causality were as follows:
Killed by Electric Current, Date of onset _____

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 46

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9. TRADE, PROFESSION, or particular kind of work done, as spinner, weaver, bookbinder or etc. Labourer

Contributory causes of importance not related to principal causes:
Man went in derelict house to get out of Rain

9. INDUSTRY OR BUSINESS, in which work was done, as silk mill, saw mill, bank etc. Tunnel

Name of operation none Date of _____

10. DATE DECEASED LAST WORKED at this occupation (month and year)

What test confirmed diagnosis? none

12. BIRTHPLACE (city or town) (State or Country) Ford Town S. C.

Was there an autopsy? no

13. NAME Lee Murphy

23. If death was due to external causes, fill in also the following:
(Check) Accident—Suicide—Homicide Date of injury _____
Where did injury occur? Gauley Bridge W. Va.
(Specify City or Town, County, and State)

14. BIRTHPLACE (City or Town) (State or Country) Ford Town S. C.

Check whether injury occurred in industry home public place
Manner of injury Don't know
Nature of injury Electric Current

15. MAIDEN NAME Deach

16. BIRTHPLACE (City or Town) (State or Country)

17. INFORMANT Hulhard Thomas
(Address)

18. BURIAL, CREMATION OR REMOVAL Hamden S. C. 9/27 1931

19. UNDERTAKER Wm. H. Mitchell
(Address)

20. FILED Sept 24 1931 Wm. H. Mitchell
Registrar.

24. Was disease or injury in any way related to occupation of deceased? no
specify Man was Big game

(Signed) W. H. Mitchell M. D.
(Address) Gauley Bridge