

**STATE OF COLORADO**  
**STANDARD CERTIFICATE OF DEATH**  
 BUREAU OF VITAL STATISTICS

4721

CAUSE OF DEATH

County DENVER

File No.

Town \_\_\_\_\_ Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

City DENVER

No. 3826 Franklin

St.

Ward

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

2 FULL NAME Robert S. Murphy

(a) Residence No. 3826 Franklin

St.

Ward

(Usual place of abode)

(If nonresident give city or town and State)

(b) Length of residence in city or town where death occurred 43 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

1 SEX Male 2 COLOR OR RACE White 3 Single, Married, Widowed or Divorced (write the word) Married

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

May 11, 1938

19

4a. If married, widowed or divorced

HUSBAND of (or) WIFE of

Mae Murphy

22. I HEREBY CERTIFY that I attended deceased from

\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

that I had seen a \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_

that death occurred, on the date stated above, at \_\_\_\_\_

The principal cause of death and related causes of importance

Chronic Alcoholism Date of onset \_\_\_\_\_

5. DATE OF BIRTH (month, day, and year) April 26, 1896

7. AGE Years Months Days IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

43 15

8. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. Truck Driver

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Denver, Colo.

(State or country)

13. NAME OF FATHER Martin J. Murphy

14. BIRTHPLACE OF FATHER Ireland

(State, city or town)

15. MAIDEN NAME OF MOTHER Katherine Glendinning

16. BIRTHPLACE OF MOTHER Iowa

(State, city or town)

17. Informant Mae Murphy

(Address) 3826 Franklin

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date 5-14- 19 38

19. UNDERTAKER Olinger Mortuaries

(Address) 2800-16th St.

20. FILED 1938 19 10 North Registrar

State cause requiring relief by operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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 \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? If so, specify \_\_\_\_\_

(Signed) James Shannon M.D.  
 (Address) James Shannon, M.D., 16th St.