

1. PLACE OF DEATH a. COUNTY Harris		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Harris	
b. CITY OR TOWN (If outside city limits, give precinct no.) Houston		c. CITY OR TOWN (If outside city limits, give precinct no.) Houston	
c. LENGTH OF STAY in yrs 5 Years		d. STREET ADDRESS (If rural, give location) 5875 San Felipe Apt. #31	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Twelve Oaks Hospital		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
(a) First Walter	(b) Middle Joseph	(c) Last Murphy	March 23, 1976		

5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH September 27, 1907	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Minutes
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10a. USUAL OCCUPATION (Give kind of work done if working life, even if retired) Director Industrial Relations	10b. KIND OF BUSINESS OR INDUSTRY Manufacturing	11. BIRTHPLACE (State or foreign country) New York City, New York	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13. FATHER'S NAME John C. Murphy	14. MOTHER'S MAIDEN NAME Caroline Stammel
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 548-36-0014 A	17. INFORMANT ✓ Mrs. Louis B. Paine, Jr.
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Respiratory Arrest	minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	17 yrs
	Reticular Cell Sarcoma	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Culture Negative Sepsis	

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
TEXAS DEPARTMENT OF HEALTH RESOURCES	
20c. TIME OF INJURY Hour Month Day Year REC'D APR 20 1976	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (Precinct or about home, farm, factory, street, office building, etc.)
	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I hereby certify that I attended the deceased from **7/12** 19 **73** to **3/23** 19 **76** and last saw the deceased alive on **3/23** 19 **76**. Death occurred at **11:55 A.** m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Geo. H. Lewis	22b. ADDRESS 1603 Medical Arts Houston, Texas	22c. DATE SIGNED 4-6-76
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 26, 1976	23c. NAME OF CEMETERY OR CREMATORY Memorial Oaks Cemetery
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23d. LOCATION (City, town, or county) (State) Houston Texas	24. FUNERAL DIRECTOR'S SIGNATURE Geo. H. Lewis & Sons #7026
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25a. REGISTRAR'S FILE NO. 3583	25b. DATE REC'D BY LOCAL REGISTRAR APR. 8, 1976	25c. REGISTRAR'S SIGNATURE W. B. Barrett
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MEDICAL CERTIFICATION