MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

30426

399

File No. 3933

Registered No. 1097

1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: Kansas City (No. 6100, Brookside St., 8 Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME: Jerry G. Murphy
(a) Residence: No. 6100 Brookside Rd. St., 8 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred: mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

4800 Oak -SW

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: Wh.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married.

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Louise A. Murphy

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 20-1855

7. AGE: Years 72 | Months 1 | Days 26 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Real Estate
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wrentter Mass.

PARENTS
10. NAME OF FATHER: Frank Murphy
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mass.
12. MAIDEN NAME OF MOTHER: Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Not Known

14. INFORMANT: Mrs Louise Murphy
(Address): 6100 Brookside Rd.

15. FILED 10-18-1927 M. M. Crane REGISTRAR
asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 16 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1927, to Oct. 16, 1927, that I last saw him alive on Oct. 16, 1927, and that death occurred, on the date stated above, at 12 Mid Night

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Paralysis Agitans
878
123D (duration) 5 yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Interstitial Pneumonia
(duration) yrs. mos. 2 ds.

8410

18. WHERE WAS DISEASE CONTRACTED? —
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
10/16, 1927 (Signed) John Waeber, M. D.
(Address) 230 Lathrop Bldg.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Forest Hill
DATE OF BURIAL: Oct. 19 1927

20. UNDERTAKER: J. W. Wagner
ADDRESS: 409 Grand

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.

230 Fathrope Dr. Of.
Vi 5705

Vi 0941