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

Do not use this space.

File No. 23889
Registered No. 3015

1. PLACE OF DEATH
County Jackson
Registration District No.
Township Kaw
Primary Registration District No.
City Kansas City (No. St Joseph Hospital St. Ward)

2. FULL NAME Mr Byron Hamilton Murphy
(a) Residence. No. Perryton Texas 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, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 3 - 1867

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
61	3	11	

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

9. BIRTHPLACE (CITY OR TOWN) near Pleasant Hill Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Daniel Clinton Murphy
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Hillsboro Ohio
12. MAIDEN NAME OF MOTHER Margaret Leonard Bunn
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Winchester Ohio

14. INFORMANT Mrs B H Murphy
(Address) Perryton Tex

15. FILED 7-14 1928 M M Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 14. 1928

17. I HEREBY CERTIFY, That I attended deceased from July 3, 1928, to July 14, 1928, that I last saw him alive on July 14, 1928, and that death occurred, on the date stated above, at 3:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of neck and jaws.
(duration) 4 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) infection and anaemia (duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Texas
DID AN OPERATION PRECEDE DEATH? yes DATE OF July 10.
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory ex. tissue
(Signed) [signature], M. D
7-14 1928 (Address) 1812 Fred Ross Bldg. Mo. Kans.

*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 Canadian Texas
DATE OF BURIAL July 18 1928

20. UNDERTAKER Eylar Funeral Home
ADDRESS 1800 Linwood

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.