

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

Do not use this space.

41164

5545

1. PLACE OF DEATH

County Jackson Registration District No.

Township Jaw Primary Registration District No.

City Kansas City (No. 1st Ave & 11th St)

File No.

Registered No.

St. Ward)

2. FULL NAME Jerry Murphy

(a) Residence. No. 534 Highland St., 15 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? 49 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9 Nov. 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 1 21

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

10. NAME OF FATHER Dennis Murphy

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ire.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Anne Murphy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

14. INFORMANT Little Sisters of the Poor, St. Louis
(Address) 534 Highland Ave K.C. Mo.

15. FILED 12/31/28 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 30 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec. 20 1928, to Dec. 30, 1928 that I last saw h. alive on Dec. 28 and that death occurred, on the date stated above, at Dec. 28 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fracture left hip
fell out while walking
in hall (accidental)

CONTRIBUTORY Chronic myocarditis
(SECONDARY) & nephritis
several (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF -
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? PE
(Signed) A. Jack-Mount, M. D.
12/31/28 (Address) 1034 Apple 1304

*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 St Marys DATE OF BURIAL Jan 2 1929

20. UNDERTAKER Quirk & Iohannes ADDRESS Lin. main

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

