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

Do not use this space. 1423

1. PLACE OF DEATH
County Jackson Registration District No. 399 File No.
Township Kaw Primary Registration District No. 1002 Registered No. 10
City Kansas City (No. St. Lukes Hospital St. Ward)

2. FULL NAME James Murray
(a) Residence. No. 4320 Wayne Ave 15 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 5 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 Millie Murray
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unk 1860
7. AGE Years about 68 Months Days 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) R. R. Employee
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

PARENTS
10. NAME OF FATHER Dont Know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Johnstown (STATE OR COUNTRY) Ireland

14. INFORMANT Mrs P. E. Dorais
(Address) 4320 Wayne Ave
15. FILED Jan 2 1929 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 2nd 1929
17. I HEREBY CERTIFY, That I attended deceased from Oct 2 1928, to Jan 2 1929
that I last saw h. him alive on Jan 2 1929, and that death occurred, on the date stated above, at 5:35 a. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Organic Heart Disease
92A (Mitral Insufficiency)
75B
162
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Senility
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 4320 Wayne Av KC Mo
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E. J. Monahan, M.D.
1/2, 1929 (Address) 600 Argyle KC Mo

*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 Calvary DATE OF BURIAL 1/3/1929
20. UNDERTAKER Freeman Mortuary ADDRESS 424 Baltimore Ave

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.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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