

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

Do not use this space.

1. PLACE OF DEATH

County Jackson  
Township Kaw  
City Kansas City

Registration District No. 399  
Primary Registration District No. 1002  
(No. United States Veterans Hospital)

File No. 36293  
Registered No. 4781  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Otis V. Murphy

(a) Residence. No. Spruce, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Spruce, Mo  
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <b>male</b>	4. COLOR OR RACE <b>white</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <b>married</b>
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16. DATE OF DEATH (MONTH, DAY AND YEAR) **Nov. 20, 1930**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mrs. Helen M. Murphy**

17. I HEREBY CERTIFY, That I attended deceased from Oct 28 1929 to 11/20/30, 1930 that I last saw h. in alive on Nov 19, 1930, and that death occurred, on the date stated above, at 2:50 A.M. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Aug. 14, 1895**

THE CAUSE OF DEATH WAS AS FOLLOWS  
Alex Endocarditis with Cardiac decompensation

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<b>35</b>	<b>3</b>	<b>6</b>	

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 **self**

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

9. BIRTHPLACE (CITY OR TOWN) **Spruce**  
(STATE OR COUNTRY) **Missouri**

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

10. NAME OF FATHER **A.M. Murphy**

DID AN OPERATION PRECEDE DEATH? **no** DATE OF \_\_\_\_\_

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Dont know**  
(STATE OR COUNTRY) \_\_\_\_\_

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Butler, Mo.**  
DATE OF BURIAL **11/20/30**

12. MAIDEN NAME OF MOTHER **Laura Johnson**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Spruce**  
(STATE OR COUNTRY) **Missouri**

14. INFORMANT **Mrs. Helen M. Murphy**  
(Address) **Spruce, Mo.**

WHAT TEST CONFIRMED DIAGNOSIS Clinical & Laboratory  
(Signed) Saul M. Johnson, M.D.  
11/20, 1930 (Address) U.S. Veterans H.C., Mo

15. FILED 11/19, 1930 M.M. Brown REGISTRAR

20. UNDERTAKER **Freeman Mortuary, Kansas City, Mo.**  
ADDRESS \_\_\_\_\_

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully copy.

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