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.

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

Do not use this space.

1226

1. PLACE OF DEATH

County Jackson — Registration District No. — File No.

Township Kaw — Primary Registration District No. — Registered No. 57

City Kansas City (No. # 4 East 53rd, Street Terr, St. Ward)

2. FULL NAME Mrs. Catherine Murray

(a) Residence. No. #4 East 53rd. St, Terr. St., 8 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Fe.	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jamea P. Murray

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 22nd. 1874

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
56	7	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): 336
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nevada 9

PARENTS

10. NAME OF FATHER: Jno. Berry

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland 19

12. MAIDEN NAME OF MOTHER: Bridget Kelley

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

14. INFORMANT: James P. Murray
(Address) # 4 East 53rd. Street Terr.

15. FILED Jan 5 1931 M. M. Crowe REGISTRAR

2

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 4th 1931

17. I HEREBY CERTIFY, That I attended deceased from 12/23/29, 19, to Jan 2, 1931, that I last saw her alive on Jan 2, 1931, and that death occurred, on the date stated above, at 10:58 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia - Bronchial
81A
107A
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Progressive Bulbar Paralysis
(duration) yrs. 18 mos. ds.

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? Clinical

(Signed) E. T. Gibson, M. D.
1/5, 1931 (Address) 1228 Prof. Bldg. K.C. Mo.

*State 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	DATE OF BURIAL
Calvary Cemetery	Jan. 6th. 1931
20. UNDERTAKER	ADDRESS
W. F. Mayberry	Kans City Mo

Br. [illegible]
Professional [illegible]
Sta 8320
11⁰⁰ to 2⁰⁰