

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

Do not use this space.

18288

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City of Kansas City (No. 3844 S. 61st Street)

Registration District No. 399  
Primary Registration District No. 1002

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

**2. FULL NAME**

(a) Residence. No. 3844 S. 61st St. 11 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 Fe 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) Nov. 4 - 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
64 6 23

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) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

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

10. NAME OF FATHER Jerry Murphy  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Delaware  
12. MAIDEN NAME OF MOTHER Wm. Reynolds  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Delaware

14. INFORMANT J. M. Reese  
(Address) 143 - Charlotte

15. FILED May 31 1931 31 Dr. M. Croome REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 27 1931

17. I HEREBY CERTIFY, That I attended deceased from May 14, 1931, to May 27, 1931 that I last saw him alive on May 26, 1931, and that death occurred, on the date stated above, at 4:15 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral apoplexy  
59  
1931  
Diabetes melitus (duration) yrs. mos. ds. 14  
(SECONDARY) Nephritis (duration) yrs. mos. ds. 4

18. WHERE WAS DISEASE CONTACTED \_\_\_\_\_

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS Urinal tests  
(Signed) Ward H. Fenwick M. D.

29, 1931 (Address) Ward H. Fenwick

\*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 Cahary Cemetery DATE OF BURIAL 6/1 1931

20. UNDERTAKER F. Dornell ADDRESS Co. 3256 Broadway

WRITE PLAINLY, WITH UNFADING INK. 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.

James J. R. H.