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.

34418

1. PLACE OF DEATH
County Jackson Registration District No. 31 File No.
Township Kaw Primary Registration District No. 120 Registered No. 4133
City K.C. Mo. (No. Mercy Hospital St. Ward)

2. FULL NAME Virginia Helen Murphy
(a) Residence. No. 927 Haskell Ward. Kansas City Kans.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F	W	S

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-8-30

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

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

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Kans.

PARENTS
10. NAME OF FATHER Joseph Murphy
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Johnson Co Neb
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Clara Geis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Creston
(STATE OR COUNTRY) Iowa

14. INFORMANT ~~Father~~ Joseph Murphy
(Address) 927 Haskell Ave K.C.K.

15. FILED 10/11/1931 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-9 1931

17. I HEREBY CERTIFY, That I attended deceased from 9-2, 1931, to 10-9, 1931, that I last saw her alive on 10-9, 1931, and that death occurred, on the date stated above, at 10:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Secondary Anaemia
772
710
(duration) yrs. 2 mos. ? ds.

CONTRIBUTORY (SECONDARY) Acute Lymphoid Leukemia
(duration) yrs. 2½ mos. ? ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH At home
DID ANY OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? Yes Large spleen
WHAT TEST CONFIRMED DIAGNOSIS? Large lymph node
10/10/1931 (Signed) Hugh Dwyer, M. D.
(Address) Ind. Arts Bld KC

*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	DATE OF BURIAL
Mt Calvary, K.C. Kan	10/14/31

20. UNDERTAKER	ADDRESS
J. H. Reising	K.C. Kan.