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.

16080

1. PLACE OF DEATH
County Jackson — Registration District No. ..... — File No. .....
Township Kau — Primary Registration District No. ..... — Registered No. 1871
City Kansas City (No. 1520 East 33rd street St. ..... Ward)

2. FULL NAME John J. Murphy
(a) Residence, No. 1520 East 33rd St., ... 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: 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 26-1866

7. AGE: YEARS 65 — MONTHS 6 — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad 105
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York 2

FATHER
13. NAME John Murphy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

MOTHER
15. MAIDEN NAME Elizabeth Quinn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mrs Julia A Murphy 1520 East 33rd

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sedalia mo DATE May 9 1932

19. UNDERTAKER (ADDRESS) John J. Sheehan Kansas City mo

20. FILED May 8, 1932 M. W. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1932, to May, 1932
I last saw him alive on May 7, 1932. Death is said to have occurred on the date stated above, at 4 A.m.
The principal cause of death and related causes of importance were as follows:

Cancer of Liver — Date of onset

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Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) J. R. Kahl M. D.
(Address) 626 Lathrop Bldg

Dr James K [illegible]
6437 Main
Ja 4993
Lathrop Bldg
Vi 0984