

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

Do not use this space.

**32170-  
3688**

**1. PLACE OF DEATH**

County.....Jackson..... Registration District No.....  
Township.....kaw..... Primary Registration District No.....  
City.....Kansas City..... (No. 1539 East 50th St. Terrace St. .... Ward)

**2. FULL NAME**.....Louise Murphy.....

(a) Residence, No. .... St., X Ward. Hughesville, Mo.  
(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 Female 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 Thomas E. Murphy  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24, 1860  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
72 5 7

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

12. BIRTHPLACE (CITY OR TOWN).....Columbia.....  
(STATE OR COUNTRY).....Missouri.....

MOTHER  
13. NAME No information

14. BIRTHPLACE (CITY OR TOWN).....No information.....  
(STATE OR COUNTRY)

15. MAIDEN NAME No information

16. BIRTHPLACE (CITY OR TOWN).....No information.....  
(STATE OR COUNTRY)

17. INFORMANT.....J. C. Murphy.....  
(ADDRESS).....1539 E 50th St. Ter.

18. BURIAL, CREMATION OR REMOVAL.....Hughesville, Mo.....  
PLACE.....Hughesville, Mo..... DATE.....10-3-.....1932

19. UNDERTAKER.....Slone & McClure.....  
(ADDRESS).....2232 Wellman Plaza

20. FILED.....10/1.....1932.....M. M. Crow.....  
.....asst Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 1, 19 32

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to....., 19.....  
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... A..... m. 11:15  
The principal cause of death and related causes of importance were as follows:

Date of onset  
Carcinoma of bowel  
4/60  
11/30  
12/30  
Other contributory causes of importance:  
Metastases  
Fulminant Edeema.

Name of operation.....Colostomy..... Date of.....9/15/32  
What test confirmed diagnosis?..... Was there an autopsy?.....yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?.....no..... 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?.....no  
If so, specify.....  
(Signed).....J. M. Hayden....., M. D.  
(Address).....Kansas City, Mo.

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.

