

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

Do not use this space.

5:07

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Kaw Primary Registration District No. 1002  
 City Kansas City (No. 7348 Main St. 749 Ward)

**2. FULL NAME** Mrs. Ellen Murphy Draney

(a) Residence, No. 7348 Main St., Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)

Length of residence in city or town where death occurred 6 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 13, 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
81 4 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) (STATE OR COUNTRY) Peterborough, Canada

13. NAME Michael Murphy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Ellen Tobin

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

17. INFORMANT Dr. Thos. L. Draney (ADDRESS) 6415 Main St.

18. BURIAL, CREMATION, OR REMOVAL. PLACE Seneca, Ks. DATE 2/16/33

19. UNDERTAKER Melody-McGilley (ADDRESS) 3133 Euclid

20. FILED 2-15-33 m m Crowe Cash Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1932, to Feb 14, 1933

I last saw him alive on Feb 14, 1933. Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

Chr. myocarditis  
930  
 Other contributory causes of importance: None

Name of operation none Date of no  
 What test confirmed diagnosis: clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no, 19no

Where did injury occur? no (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no  
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify

(Signed) Thos L Draney, M. D.  
 (Address) 910 Argyle Bldg

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.

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