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.

APR 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Jackson — Registration District No. — File No. 8978

Township Kaw — Primary Registration District No. — Registered No. 1174

City Kansas City (No. Trinity Lutheran Hospital St. Ward)

2. FULL NAME Amanda Murphy

(a) Residence, No. 2745½ Gillham Road St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15 1869

7. AGE: Years 64 — Months 7 — Days 29 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hsw
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) Carthage Ill

FATHER

13. NAME Wm. Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER

15. MAIDEN NAME Nuh Meade
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) O. G. Farris Iola, Kansas.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Colony, Kansas DATE March 15, 1934

19. UNDERTAKER (ADDRESS) Stine & McClure 3235 Gillham Road

20. FILED Mch 14, 1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1934, to March 14, 1934

I last saw her alive on March 12, 1934. Death is said to have occurred on the date stated above, at 5:10 A.m.

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

127A
Failing myocardium
127B
93D

Date of onset

Other contributory causes of importance:
Infected gall bladder with had ruptured

Name of operation Drainage of gall bladder Date of Mar 12, 34

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? No
If so, specify

(Signed) J. J. Farnsworth, M. D.
(Address) 1002 Argyle Kansas City, Mo.