APR 23 1936

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

Do not use this space.

10839

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399 — File No.:

Township: Kaw — Primary Registration District No.: 1002 — Registered No.: 1513

City: Kansas City (No. 1539 East 50th St. Terrace St. Ward)

2. FULL NAME: Thomas Edward Murphy

(a) Residence, No. 1539 East 50th St. Terrace 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Louise M. Murphy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 15, 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	79	0	5	

OCCUPATION

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

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): Missouri

FATHER

13. NAME: No record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record / No record

MOTHER

15. MAIDEN NAME: No record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record / No record

17. INFORMANT (ADDRESS): John C. Murphy, 1539 East 50th St. Terrace

18. BURIAL, CREMATION, OR REMOVAL: Highsville, Mo. PLACE: ~~Airwood, Mo.~~ DATE: March April 21, 1936

19. UNDERTAKER (ADDRESS): Stine & McClure, 3235 Gillham Plaza

20. FILED: Nov 20, 1936 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-20, 1936

22. I HEREBY CERTIFY, That I attended deceased from About Oct 15, 1935 to March 20, 1936

I last saw him alive on 3/20, 1936. Death is said to have occurred on the date stated above, at 4 P.M.

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

	Date of onset
Terminal Broncho	
Pneumonia	
Ulcerative Colitis	

Other contributory causes of importance: Senility

Name of operation: None — Date of

What test confirmed diagnosis? Autopsy — 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? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. No

Manner of injury: —

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) J. W. 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.