

JUN 17 1936

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

Do not use this space.

19589
2547

1. PLACE OF DEATH

County Jackson Registration District No.
Township Kaw Primary Registration District No.
City Kansas City (No. 1308 E. 49th St. Terrace St. Ward)

File No.
Registered No.

2. FULL NAME

Mary H. Murphy
(s) Residence, No. 1308 E. 49th St. Terrace, St. Ward. (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 W. H. Murphy
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 1, 1869
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 4 2 1/2

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) (STATE OR COUNTRY) Jacksonville Illinois

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

MOTHER 15. MAIDEN NAME Ann O'Gorman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT H. M. Murphy, M.D.
(ADDRESS) 1308 E. 49th St. Terrace, Kansas City

18. BURIAL CREMATION OR REMOVAL PLACE Kansas City, Mo. DATE 1936
Calvary Cemetery

19. UNDERTAKER Stine & McClure
(ADDRESS) 3235 Gillham Pl. a

20. FILED 5-23-36 M. M. Crow
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1935, 1935, to May 25, 1936
I last saw R alive on 21 Aug 1935. Death is said to have occurred on the date stated above, at 8 m. 1:30
The principal cause of death and related causes of importance were as follows:

Anemia 1935
99
Other contributory causes of importance:
Arteriosclerosis

Name of operation No Date of
What test confirmed diagnosis? The test Was there an autopsy? No

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) K. W. Jones, M. D.
(Address) 309 E 10th

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.

309 E 10

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