

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.

AUG 20 1936
MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

26445

1. PLACE OF DEATH

County Jackson Registration District No. 398
 Town Independence Primary Registration District No. 13019
 City Independence (Judge Lambert)

File No. _____
 Registered No. 258
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1311 West Waldo St. _____ Ward _____
 (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 male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Singles

6. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Singles

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2, 1920

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>16</u>	<u>0</u>	<u>16</u>	

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

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) Shelby County Iowa

MOTHER / FATHER

13. NAME Harry M. Murphy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wichita Kan

15. MAIDEN NAME Elsie Fockett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wichita Kan

17. INFORMANT (ADDRESS) Mrs Geo. Gunderson 1311 West Waldo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Warrington Iowa DATE July 20 1936

19. UNDERTAKER (ADDRESS) James Gibson 181 N. Pleasant

20. FILED 7-20-36 L. P. G. R. K.
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18 1936

22. I HEREBY CERTIFY That I attended deceased from July 3 1936 to July 18 1936
 I last saw deceased alive on July 18 1936 Death is said to have occurred on the date stated above, at 2:45 p.m.
 The principal cause of death and related causes of importance were as follows:
Streptococcus Septicemia Date of onset 12/1/35

Other contributory causes of importance:
Appendiceal abscess with peritonitis

Name of operation drainage of abscess Date of operation July 11
 What test confirmed diagnosis? Laboratory 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? _____
 If so, specify _____
 (Signed) F. R. Book, M. D.
 (Address) Independence mo

