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 12 1936

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. 399 — File No. 26683
Township ~~Kan~~ — Primary Registration District No. 1002 — Registered No. 3354
City Kansas City (No. K C Gen. Hosp St. Ward)

2. FULL NAME Murphy Spinks
(a) Residence, No. 1015 Jefferson 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs Marguerite Spinks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 1, 1895

7. AGE: 41 YEARS — MONTHS: 2 — DAYS: 15 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist
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): Louisianna,

FATHER
13. NAME: Forest Spinks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Louisianna

MOTHER
15. MAIDEN NAME: Georgia Bird
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Louisianna,

17. INFORMANT (ADDRESS): Wife 1015 Jefferson

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill Cem DATE 7-18 1936

19. UNDERTAKER (ADDRESS): Trusk + Tobin 20 W. Linwood

20. FILED July 17 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-9, 1936 to 7-16, 1936
I last saw her alive on 7-16, 1936 Death is said to have occurred on the date stated above, at 1:50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	

Other contributory causes of importance:

12 4 [illegible]

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) J. H. Jennett, M.D., M. D.
(Address) Supt K C Gen Hosp KC Mo