

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. FETTERICANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 19 1937

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

Do not use this space.

1. PLACE OF DEATH **Jackson**
 County **Kaw** Registration District No. **399**
 Township **Kansas City** Primary Registration District No. **1002**
 City **Kansas City** (No. **4320**, **Wayne Avenue**) St. _____ Ward _____
 2. FULL NAME **Mrs. Nellie Murray**
 (a) Residence, No. **4320 Wayne Avenue** St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred **15** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. **44685**
 Registered No. **5263**

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 13, 1870**
 7. AGE YEARS **66** MONTHS **1** DAYS **22** If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **At Home**
 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) **Kansas**
 FATHER
 13. NAME **Michael Kennedy**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Don't Know**
 MOTHER
 15. MAIDEN NAME **Don't Know**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Don't Know**
 17. INFORMANT (ADDRESS) **Mrs. Nellie H. Dorais**
4320 Wayne Avenue
 18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **Dec. 7, 1936**
 19. UNDERTAKER (ADDRESS) **Freeman Mortuary & Chapel**
Kansas City, Missouri
 20. FILED **175 267 M. M. Brown** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 5, 1936**
 22. I HEREBY CERTIFY, That I attended deceased from **Nov 22 1936** to **Dec 5 1936**
 I last saw him alive on **Dec 5 1936** Death is said to have occurred on the date stated above, at **10:20 a.m.**
 The principal cause of death and related causes of importance were as follows:
November 22 1936 Date of onset
Cerebral Hemorrhage
 Other contributory causes of importance:
None known
 Name of operation **None** Date of _____
 What test confirmed diagnosis? _____ 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) **E. P. Morphet**, M. D.
 (Address) **311 1/2 E. 4th**

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12-5 P.M