MAR 13 1937

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

Do not use this space.

File No. 6473

Registered No.

1. PLACE OF DEATH

County: Jackson — Registration District No. 399

Township: Kaw — Primary Registration District No. 1002

City: K.C. Mo. (No. St. Joseph Hospital St. Ward)

2. FULL NAME T. J. Murphy

(a) Residence, No. 5524 Harrison 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Minnie H. Murphy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4- 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	80	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret'd Employee

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wabash Ry.

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) Cork City, Ireland

FATHER

13. NAME Dennis Murphy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Mary O'Connel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Miss Marie Murphy
(ADDRESS) 5524 Harrison

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Feb. 16 1937

19. UNDERTAKER Wagner Funeral Home
(ADDRESS) 204 W. Linwood

20. FILED 7/15/37 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 8, 1937, to Feb. 14, 1937

I last saw him alive on Feb 14, 1937. Death is said to have occurred on the date stated above, at 5:30 m. A.M.

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

	Date of onset
Myrocardosis & Arteroisclosis	
Following a Fractured hip	1/8/37

Other contributory causes of importance:

Name of operation ..... Date of

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Acc. Date of injury 1-8, 1937

Where did injury occur? At Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fell down steps

Nature of injury Fractured Hip

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

If so, specify

(Signed) John C. Shanner M.D.

(Address) 140 2 Bryant Bldg

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.

[illegible] 1102 [illegible]

John O Skinner