AUG 11 1937

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

Do not use this space.

263132

1. PLACE OF DEATH
County Jackson Registration District No. 399 File No.
Township Kan Primary Registration District No. 1002 Registered No. 3026
City Kansas City No. K C Gen Hosp St. Ward)

2. FULL NAME Elizabeth Murphy
(a) Residence, No. 2328 Quincy Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6 1863

7. AGE 26 YEARS 74 MONTHS 1 DAYS 9 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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

2 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ks.

FATHER
2 13. NAME Hill
2 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

17. INFORMANT (ADDRESS) Record Clerk K C Gen Hosp.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Hope DATE 7-17 1937

19. UNDERTAKER (ADDRESS) Eads Bros 1416 Minn Ave.

20. FILED July 16 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-15 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-30 1937 to 7-15 1937
I last saw her alive on 7-15 1937. Death is said to have occurred on the date stated above, at 6:40 pm
The principal cause of death and related causes of importance were as follows:

Fractured Femur
accidental fall
in home
1860

Date of onset

Other contributory causes of importance:
Localized Pelvic Peritonitis; Gangrenous Cystitis

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? Acc Date of injury 6/30/37
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 Acc fall at home
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. F. De Maria, M. D.
(Address) Supt K C Gen Hosp

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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