

NOV 18 1937

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  
Township Kaw Primary Registration District No. 1002  
City Kansas City (No. 1110 Ward Parkway St.          Ward) 2  
1

File No. 36628  
Registered No. 1057

2. FULL NAME Mrs. Laura Murphy

(a) Residence, No. 1110 Ward Parkway St.          Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 John E. Murphy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18, 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>37</u>	<u>71</u>	<u>5</u>	<u>19</u>	

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

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) Jefferson City Mo.13. NAME Major Peter Meyers14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City Mo.15. MAIDEN NAME Mary Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City, Mo.17. INFORMANT Mrs. Albert Florian (ADDRESS) 1110 Ward Parkway18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph Mo. DATE Oct. 7 193719. UNDERTAKER D.W. Newcomer's Sons (ADDRESS)20. FILED Oct 9 1937 M. M. Brown Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 28 1937 to Oct. 7 1937

I last saw her alive on Oct 5 1937 Death is said to have occurred on the date stated above, at 2:20 P.M.

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

Pyloric Obstruction  
Carcinoma  
127

Other contributory causes of importance:

Cholelithiasis  
Prostatic Gland

Name of operation Cholecystomy Date of 7/10/37  
What test confirmed diagnosis Chemical 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 H. P. Roussier M. D.

(Address) 1032 Bry. Ave. K.C. Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCCUPATION  
FATHER  
MOTHER

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