REC'D JUN - 9 1938

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

Do not use this space.

17177

File No. 1874

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township [illegible] — Primary Registration District No. 1002

City Kansas City (No. 2321 Hardesty St. Ward)

2. FULL NAME Mrs. Margaret Doyle Murphy

(a) Residence, No. 2321 Hardesty St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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)
Fe	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 13, 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	80	8	19	

OCCUPATION

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

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) Ireland

FATHER

13. NAME Thos Brett

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

MOTHER

15. MAIDEN NAME Dont Know

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

17. INFORMANT (ADDRESS) Jno. A. Doyle [illegible] Hardesty, [illegible] C. Mo.

18. BURIAL, CREMATION, OR REMOVAL Burial

PLACE [illegible] DATE 5/5/38, 19

19. UNDERTAKER (ADDRESS) [illegible]

20. FILED May 4, 1938 [illegible] Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/2/38, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1937, to May 2, 1938

I last saw her alive on May 2, 1938. Death is said to have occurred on the date stated above, at 9:40 P.m.

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

	Date of onset
Chronic Nephritis	5/-/37
Hypertension	
Carcinoma of breast	

Other contributory causes of importance:

Name of operation None 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? 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) [illegible], M. D.

(Address) 3236 Windsor Ave

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

A H Hall
3236 Hinchison
[illegible]
1 P