

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.

REC'D JUN 10 1938

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

Do not use this space.

17540

1. PLACE OF DEATH

County Jackson

Registration District No. 399

File No. _____

Township Kan

Primary Registration District No. 100

Registered No. 51

City KANSAS CITY

(No. St. Vincent's Hosp.)

St. _____

Ward _____

2. FULL NAME

Infant Murphy

(a) Residence, No. 2932 Woodland

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

MX

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17, 1938

7. AGE

YEARS

MONTHS

DAYS

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

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

Kansas City

FATHER

13. NAME Frank P. Murphy

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

Kansas

MOTHER

15. MAIDEN NAME Florence Mathrens

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

Kansas City

17. INFORMANT (ADDRESS) Frank P. Murphy
2932 Woodland, K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL

Burial

PLACE CULBERTSON CEM.

DATE 5-18-38

19. UNDERTAKER (ADDRESS) W. F. McBerry
2315 Lincoln Blvd.

20. FILED May 18, 1938

Dr. W. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/17/38, 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19 _____, to _____, 19 _____

I last saw h. alive on _____, 19 _____ Death is said

to have occurred on the date stated above, at 11:30 a.m.

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

Date of onset

Miscarriage (3 mos duration 2 pregnancies)

Other contributory causes of importance:

None

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? _____ 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) Geo F. Peltier, M. D.

(Address) 933 17th St

11/10/00