

REC'D AUG 7 1939

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

24609
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 299
 (b) Township Haw Primary Registration District No. 1002
 (c) City Kansas City, Mo. (d) Street No. 5828 Park St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 2822

2. PRINT FULL NAME James Thomas Murphy

(a) Residence, No. 5828 Park St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4th, 1867

7. AGE YEARS 72 MONTHS I DAYS 8 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Engineer
 9. Industry or business in which work was done, as saw mill, bank, etc. Swift Packing Co
 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) County Cork Ireland

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Joseph J. Murphy 5828 Park

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 7/14/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) L. E. Mayberry 2315 Simwood Blvd.

20. FILED July 13 1939 M. M. Cron Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1939, to July 12, 1939
 I last saw him alive on July 12, 1939 Death is said to have occurred on the date stated above, at 11:40 A.M.
 The principal cause of death and related causes of importance were as follows:

Pneumonia by postate -
terminal
95%
Date of onset 7-7-39
Other contributory causes of importance:
Cardio Vascular
Disease

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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 glue
 (Signed) Prof. J. Kelly, M. D.
 (Address) 1732 Prof. Kelly

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.

Dr. Broyles
Professional Bldg.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.