

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

Do not use this space.

26253

3161

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. Research Hospital) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Edward Murphy

(a) Residence, No. Monroe Hotel--1904 Main 3 Ward.

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Ann Murohy
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown
7. AGE YEARS 62 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. Hotel Manager
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 733
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) Iowa

FATHER 13. NAME John H Murphy

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

MOTHER 15. MAIDEN NAME Margaret Hurley

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

17. INFORMANT M. J. Murphy (ADDRESS) Council Bluffs Iowa

18. BURIAL, CREMATION, OR REMOVAL PLACE Council Bluffs Iowa DATE Aug 16 1932

19. UNDERTAKER Murk & Tobin Co (ADDRESS) 20 .. Linwood

20. FILED Aug 16 1932 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15 1932

22. I HEREBY CERTIFY, That I attended deceased from July 27 1932 to August 15 1932
Last seen alive on August 15 1932 Death is said to have occurred on the date stated above, at 11:05 a.m.

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

Aortic Regurgitation Date of onset ?
Chronic Myocarditis Date of onset ?
131157

Other contributory causes of importance: 1

Myocardial infarction Date of onset Aug. 10 '32
Chronic Myocarditis

Name of operation Excision Date of Aug. 15, 32

What test confirmed diagnosis? Clinical 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 _____

(Signed) Carroll J. Mungate, M. D.
(Address) 1010 Prof. Bldg.

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.

