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

Do not use this space.
29437

File No. 3611
Registered No.

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township K. C. — Primary Registration District No. 1002
City K. C. Mo. (No. St. Joseph Hospital St. Ward)

2. FULL NAME William J. Murphy
(a) Residence, No. 6256 Lakewood St. Chicago, Ill. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 2nd, 1879

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
52	10	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 172
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) Iowa

FATHER
13. NAME John Murphy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Julia Walsh
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vermont

17. INFORMANT Mrs. Josephine B. Murphy
(ADDRESS) 6256 Lakewood, Chicago.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chicago - DATE 9/26/32, 19

19. UNDERTAKER Wellody - McGilley
(ADDRESS) 3133 Lucile. K.C.Mo.

20. FILED 9/24, 1932 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1932 to Sept 23, 1932
I last saw him alive on Sept 23, 1932. Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis (Acute)	
2nd 21st 29	

Other contributory causes of importance:
Acute Cholecystitis with Stone

Name of operation Gall Bladder Date of Sept 15-1932
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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) John A. Stevens, M. D.
(Address) 1405 Bryant

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.