

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

Do not use this space.

37671

NOV 16 1936

1. PLACE OF DEATH

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

File No. _____
 Registered No. 4521

2. FULL NAME

Mrs Gladys H Murphy
 (a) Residence, No. 1502 Broadway St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Fe</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>G. J. Murphy</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug-18-1901</u>		
7. AGE <u>35</u>	YEARS <u>1</u>	MONTHS <u>23</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Beauty operator</u>		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) <u>Oct-10-36</u>		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wichita, Mo</u>		
13. NAME <u>E. B. Sutton</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
15. MAIDEN NAME <u>E. Stella Godwin</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Josua, Iowa</u>		
17. INFORMANT (ADDRESS) <u>Mrs C. L. Brown, Wichita, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wichita, Mo</u> DATE <u>Oct-13 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Funerary Services Co, Kansas City, Mo</u>		
20. FILED <u>Oct 12 1936 M. M. Browne</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/11/36 1936

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

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Automobile trauma
subarachnoid hemorrhage

Other contributory causes of importance
MIOM

Name of operation _____ Date _____
 What test confirmed diagnosis _____ Was there an autopsy _____

23. If death was due to external cause (violence, fall in a hoist, following accident, suicide, or homicide) _____ Date of injury _____
 Where did injury occur? PSB Building (specify city or town, county, and State)
 Specify whether injury occurred in home, or in public place.

Manner of injury As strike by tram on bridge
 Nature of injury _____

24. Was disease of injury in any way related to occupation of deceased?
 If so, specify _____

(Signed) [Signature], M. D.
 (Address) _____

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.

MARGIN RESERVED FOR BINDING

