

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

Do not use this space.

OCT 19 1937

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1. PLACE OF DEATH

County Jackson Registration District No. 379 File No. 33483
 Township Law Primary Registration District No. 1007 Registered No. 3028
 City Kansas City (No. 2725 Merriamton) St. Ward

2. FULL NAME

Addie Belle Murphy
 (a) Residence, No. 2725 Merriamton St. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 11 - 1869</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>2 Mo</u>	DAYS <u>27</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housewife</u>		
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) <u>Ohio</u>		
13. NAME <u>A. B. Marshall</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Johnson</u>		
15. MAIDEN NAME <u>Johnson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT <u>Mrs. William Murphy</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greenlawn</u> DATE <u>Sept 29, 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Wm W. Murphy</u> <u>2725 Merriamton</u>		
20. FILED <u>9/29, 1937</u> <u>M. M. Morrow</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1937, to Sept 28, 1937.
 I last saw her alive on Sept 28, 1937. Death is said to have occurred on the date stated above, at 11:03 a.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage Date of onset 9/23/37
82a1
 Other contributory causes of importance:
Hypertension

Name of operation none Date of
 What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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 James H. O'Neil, M. D.
 (Address) 920 Newton ave. Kansas City, Mo

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.

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Mr James O'Neal
920 Newton