

REC'D JUL 12 1938

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

20818
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 1002
(b) Township Kaw Primary Registration District No. _____ Registered No. 2268
(c) City Kansas City (d) Street No. St. Lukes Hospital. 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Walter J. MURPHY. 610
(a) Residence, No. 1869 East 59th Street. St. JUL 12 1938
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 14, 1893.

7. AGE YEARS 44 MONTHS 5 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Railway Express Messenger.
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 27

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Aurora Illinois.

FATHER 13. NAME Thomas Murphy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada.

MOTHER 15. MAIDEN NAME Eunice Tracy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Mrs. Eunice Murphy, mother
3428 Penn., K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE 6/4/38.

19. FUNERAL DIRECTOR (ADDRESS) Mellody-McGilley
K. C. Mo.

20. FILED 6-3 1938 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-1 1938

22. I HEREBY CERTIFY, That I attended deceased from 7:45 2:1 1938, to 6-1 1938

I last saw h. was alive on 6-1 1938 Death is said

to have occurred on the date stated above, at 3:00 p.m.

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

Peritonitis Date of onset _____

Other contributory causes of importance:

Obstruction of bowel with gangrene

Name of operation Resection bowel Date of 5/19/38
What test confirmed diagnosis Autopsy Was there an autopsy? Yes

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. No

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) J. H. Hayden M. D.

(Address) Kansas City Mo.

DR. J. G. HAYDEN,
PROF. DLDB
BR. 2238.

NOV 16 1945

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

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

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jackson

Registration District No. 999 -

File No. 20818 -

Township K.C.

Primary Registration District No. 1202

Registered No. 2268 -

City K.C.

(No. St. Lukes Hosp.)

St. _____ Ward _____

2. FULL NAME Walter J. Murphy -

(a) Residence, No. 1524 E. 51 (Ch. St.) 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m -

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
44 5 17

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.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19

19. UNDERTAKER (ADDRESS)

20. FILED 6/3 1938 Dr. M. Crowe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1 1938

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

I last saw h..... 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:

Peritonitis 127 Pa 1
Obstruction of bowel & gangrene
Calculus
Resection Bowel 5-25-38

Date of onset

Other contributory causes of importance

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) J. S. Hayden _____, M. D.

(Address) K.C. Mo -

SUPPLEMENTARY

