

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.

JAN 21 1937

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

Do not use this space.

2072

1. PLACE OF DEATH

5. County Linn

1. Township

9. City Brookfield (No. 3025)

Registration District No. 496

Primary Registration District No. 3025

File No. _____

Registered No. 1

St. _____ Ward _____

2. FULL NAME

Rian E. McMulty

(a) Residence, No. Brookfield Hospital St. _____ Ward _____

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. (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) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10 - 1882

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>54</u>	<u>5</u>	<u>22</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 27

10. Date deceased last worked at this occupation (month and year) Mar 36

11. Total time (years) spent in this occupation 15 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brookfield Mo

13. NAME O. S. McMulty

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Puteaux Co Mo

15. MAIDEN NAME Sarah McLean

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

17. INFORMANT (ADDRESS) Addie McMulty

18. BURIAL, CREMATION, OR REMOVAL PLACE Royal Hill DATE June 4 37

19. UNDERTAKER (ADDRESS) Hunter & Ball

20. FILED 1/11/37 19 Mo. Depts Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/2 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-1, 1936, to 1/2, 1937

I last saw h. in alive on 1/2, 1937 Death is said to have occurred on the date stated above, at 5:30 p.m.

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

Acute Myocardial Infarction

Other contributory causes of importance: arteriosclerosis (hypertension)

Name of operation Plat. Bone Date of 1/17/36

What test confirmed diagnosis? histol Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide: Acc Date of injury 1/1, 1936

Where did injury occur? Auto accident (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Industry - S. Man - (hyp)

Manner of injury from car Nature of injury fatal

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____ (Signed) J. W. Rans, M. D. (Address) Brookfield, Mo

