APR 30 1930

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

Do not use this space.

10171

File No.

Registered No. 57

96

1. PLACE OF DEATH

County St. Louis

Township Carondelet

City KOCH (No. Koch Hosp. St. Ward)

Registration District No. 1123

Primary Registration District No. 0248 B

2. FULL NAME McNulty, Robert

(a) Residence. No. 5321 Arlington St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred X yrs. 4 mos. 27 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	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 21, 1921

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
8	4	15	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Paul McNulty

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Illinois

12. MAIDEN NAME OF MOTHER Margaret Tracy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT Robert Koch Hospital
(Address) Koch Mo.

15. FILED Mar 6 1930 L. C. Olson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 6, 1930

17. I HEREBY CERTIFY, That I attended deceased from October 9, 1929, to Mar. 6, 1930 that I last saw him alive on March 6, 1930, and that death occurred, on the date stated above, at 1:45 A. M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Potts Disease of Dorsal Spine

Vertebra

About (duration) 7 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Pulmonary Tuberculosis

About (duration) X yrs. 4 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Unknown

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? X Ray & Sputum

(Signed) A. Henri Doors, M. D.

3/6/30 (Address) Koch Hospital.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Calvary	Mar 8 1930
20. UNDERTAKER	**ADDRESS**
Leuthen Kelly	4526 Easton

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.