MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County Marion — Registration District No. 547 — File No. 1865

Township Mason — Primary Registration District No. 3079 — Registered No. 26 (24)

City Hannibal (No. St Elizabeth Hospital St. Ward)

2. FULL NAME James Edward Mulhern

(a) Residence, No. 413 N 4th St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: 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: Crystal Mulhern

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 16th. 1905

7. AGE: YEARS 29 — MONTHS 5 — DAYS 3 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: City Fireman
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): Hannibal Mo

FATHER

13. NAME: Thomas Mulhern
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hannibal Mo

MOTHER

15. MAIDEN NAME: Christian Demmer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hannibal Mo

17. INFORMANT (ADDRESS): Mrs Crystal Mulhern 413 N 4th St. Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: N.T. Olivet DATE: Jan. 22nd. 1934

19. UNDERTAKER (ADDRESS): James O'Donnell Hannibal Mo

20. FILED: Jan 25, 1934 R. H. Isbister Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 19th. 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/10, 1934, to 1/19, 1934

I last saw him alive on 1-19, 1934. Death is said to have occurred on the date stated above, at 12:55 p.m.

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

| | Date of onset |
|---|---|
| Gas Gangrene | 1/15 |
| Gangrenous appendicitis | 1/10 |

Other contributory causes of importance:
121A
121B
36

Name of operation: Appendectomy Date of 1/12/34

What test confirmed diagnosis? Laboratory Was there an autopsy? No

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? No
If so, specify
(Signed) J. E. Sulkman, M. D.
(Address) Hannibal Mo.