

MAR 24 1934

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

Do not use this space.

4367

File No. 57
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County 26 Cole Registration District No. 213
Township Jefferson Primary Registration District No. 5293
City Jefferson City (No. _____) St. _____ Ward _____

2. FULL NAME James Mulville

(a) Residence No. R.R.#3 Box 141 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 28, 1859

7. AGE YEARS 74 MONTHS 2 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Covington, Ky.

MOTHER FATHER 13. NAME Alexander Mulville
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Anna Summers

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

17. INFORMANT Wm. Mulville, R.R.#3 Box 141
(ADDRESS) Jefferson City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jeff City, Mo. DATE 2/17 1934

19. UNDERTAKER Heinrichs Funeral-Home
(ADDRESS) Jefferson City, Mo.

20. FILED 7/9/34 D. Bradford
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-15-1934

22. I HEREBY CERTIFY, That I attended deceased from I did not attend deceased

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 5:00 a.m.

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

Accidental death by falling from back porch and striking head on well curbing
Other contributory causes of importance:
Scalp wound and broken neck
Intoxicational condition

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of injury 2-15-1934
Where did injury occur? Jefferson City, Cole Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Fell from back porch
Nature of injury Neck broken

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

If so, specify _____

(Signed) Dr. R. E. Weaver M.D.
(Address) Russellville 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.

JUL 10 1944