

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

38829
 Do not use this space.

DEC 13 1939

1. PLACE OF DEATH Adair Registration District No. 4
 (a) County Adair Primary Registration District No. 3001
 (b) Township Turkville (d) Street No. Co. Hospital Registered No. 276
 or City Turkville (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (c) 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 Willis Mulvey
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Loia Mulvey
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2, 1882
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57, 9 13

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Laborer
 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) Adair Mo.

FATHER
 13. NAME Thomas Mulvey
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
 15. MAIDEN NAME Manda Vestal
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Frances Cassidy

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Park DATE Nov. 16, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Summers & Blitcher

20. FILED Nov. 15, 1939 Spencer L. Freeman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 15, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Feb. 1938, to Nov. 15, 1939
 I last saw him alive on Nov. 14, 1939. Death is said to have occurred on the date stated above, at 6 A. m.
 The principal cause of death and related causes of importance were as follows:

Chronic interstitial nephritis Date of onset
(Cardiac renal syndrome)
 Other contributory causes of importance: Cardiac insufficiency 1931

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) W. D. McBlair M.D.
 (Address) Turkville, 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.

RECEIVED

District Health Officer No. 10

District File Number *12-39-2187*

Date Filed **DEC 11 1939**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.