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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 18 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3765
Registrar's No. 43

Registration District No. 668

Primary Registration District No. 3032

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
(a) County Pettis
(b) City or town Sedalia Mo
(c) Name of hospital or institution City Hospital # 2
(d) Length of stay: In hospital or institution 1 day
In this community _____ years, months or days

3. (a) PRINT FULL NAME JOE S. MULKEY
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex M
5. Color or race Col
6. (a) Single, widowed, married divorced married
6. (b) Name of husband or wife Gladys Mulkey
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 4-15-1873

8. AGE: Years 67 Months 9 Days 10
If less than one day _____ hr. _____ min.

9. Birthplace Miller Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____
12. Name Sam Mulkey
13. Birthplace Miller Co Mo
14. Maiden name Cassie Meadows
15. Birthplace Olean Mo

16. (a) Informant George Meadows
(b) Address Eldon Mo

17. (a) Burial (b) Date thereof 1-30-41
(c) Place: burial or cremation Olean Mo

18. (a) Signature of funeral director F. D. Ferguson
(b) Address Sedalia Mo

19. (a) 1-27-41 (b) Mrs. Harry Sneed
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pettis
(c) City or town Sedalia
(d) Street No. 412 E St Louis
(e) If foreign born, how long in U. S. A. ? _____ years.

20. DATE OF DEATH: Month Jan day 25
year 1941 hour _____ minute 30 P.M.

21. I hereby certify that I attended the deceased from _____
body _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Injury
struck by falling
Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence Jan 25-1941

(c) Where did injury occur? On farm Pettis Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On farm while cutting timber
While at work? yes (e) Means of injury falling tree

23. Signature W. D. Bishop
Address Sedalia Mo Date signed 1-27-41

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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DEPARTMENT OF COMMERCE
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Registration District No. 668

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Registrar's No.

WRITE PLAINLY—USE UNFADING, BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Joe S. Mulvey

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex m 5. Color or race Cal 6. (a) Single, widowed, married, divorced.....

6. (b) Name of husband or wife..... 6. (c) Age of husband, or wife, if alive..... years

7. Birth date of deceased 4-15-1873
(Month) (Day) (Year)

8. AGE: Years 67 Months 6 Days 9 10 If less than one day..... min.

9. Birthplace..... (City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name.....
13. Birthplace..... (City, town, or county) (State or foreign country)
14. Maiden name.....
15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

17. (a)..... (b) Date thereof..... (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) 4-1-41 (b) Mrs. Harry Sneed
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town..... (If outside city or town limits write "RURAL")
(d) Street No..... (If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Jan day 25
year 1941 hour..... minute..... M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw h..... alive on....., 19....., and that death occurred on the date and hour stated above.
Immediate cause of death.....

Due to.....
Due to.....
Other conditions..... (Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (c) Means of injury.....

23. Signature W. L. Bishop (M.D. or other)
Address Sedalia Mo Date signed.....

SUPPLEMENTARY

