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

Do not use this space. 1337

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kan — Primary Registration District No. 1002 — Registered No.
City Kansas City, Mo. (No. 53rd & Highland Ave. 4th Ward)

2. FULL NAME Thomas McNulty
(a) Residence. No. 53rd & Highland Aves. Ward 15
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 2 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
62	—	—	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Moniton, Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Patrick McNulty
11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Elizabeth Lovell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
(STATE OR COUNTRY)

14. INFORMANT Sr. Marie Auguste, surf. Little Sisters
(Address) 53rd & Highland Ave of the Poor

15. FILED 1-26 1928 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-25 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1927, to 1-25, 1928 that I last saw him alive on 1-23, 1928, and that death occurred, on the date stated above, at ....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral regurgitation & chronic myocarditis
several (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) 90A (duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? P. E.
(Signed) A. Sach-Bonitz, M. D.
1/26, 1928 (Address) 1034 Argyle Bldg

*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 Mt Calvary — DATE OF BURIAL 1-27 1928

20. UNDERTAKER Butler & Son — ADDRESS K.C.

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.