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

Do not use this space.

399

19569

1. PLACE OF DEATH
County Jackson — Registration District No. 1002 — File No.
Township Kaw — Primary Registration District No. — Registered No.
City Kansas City, Missouri — Little Sisters of Poor — St. — Ward)

2. FULL NAME John McNulty
(a) Residence. No. 53rd. & Highland, Kansas City, Missouir (15) — 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Dora Muller

6. DATE OF BIRTH (MONTH, DAY AND YEAR): December 12-1858

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
71	6	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Dealer
(b) General nature of industry, business, or establishment in which employed (or employer): Horse & Mules
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): California Mo.

PARENTS

10. NAME OF FATHER: Patrick McNulty
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland
12. MAIDEN NAME OF MOTHER: Elizabeth Loveliness
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Louisville Kentucky

14. INFORMANT (Address): Little Sisters of the Poor 53 & Highland, K. C. Mo.

15. FILED 6/20, 1930 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 19, 1930

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to June 19, 1930 that I last saw him alive on June 19, 1930, and that death occurred, on the date stated above, at 2-30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
(duration) 5 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) 10 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?
WHAT TEST CONFIRMED DIAGNOSIS?
6/20, 1930 (Signed) Paul V. O'Rourke M. D.
(Address) 330 Leathrop

*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: Calvery Cemetery — DATE OF BURIAL: June 21 1930

20. UNDERTAKER: Jos. A. Butler & Son — ADDRESS: K. C. Kan.

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.