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

Do not use this space.

21978

1. PLACE OF DEATH
County Lawrence — Registration District No. 471 — File No.
Township Pierce — Primary Registration District No. 5634 — Registered No. 17
City (No. , St. Ward)

2. FULL NAME Landon Mulkey
(a) Residence. No. 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.

25 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) Cora Mulkey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8 24 1890

7. AGE: Years 40 — Months 9 — Days 7 — If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Co. Mo

PARENTS
10. NAME OF FATHER J. O. Mulkey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Barry, Co. Mo
12. MAIDEN NAME OF MOTHER Sarah Weldy
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Lawrence, Co. Mo

14. INFORMANT J. O. Mulkey (Address)

15. FILED 6/10 1931 N Ross Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 1st 1931

17. I HEREBY CERTIFY, That I attended deceased from May 24 1929, to June 1st 1931, that I last saw him alive on June 1st 1931, and that death occurred, on the date stated above, at 9:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Phthisis Pulmonalis
More than (duration) 2 yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Evidence
(Signed) D. E. Wills, M.D.
, 19 (Address) Monett, Mo.

*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: Liberty Ch. Cem. — DATE OF BURIAL: 6/3 1931

20. UNDERTAKER: H. F. Bradford — ADDRESS: Monett

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS [illegible] CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.