

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

Do not use this space.

40450

1. PLACE OF DEATH

County CLINTON.

Registration District No. 204

Township

Primary Registration District No. 4124

City LATHROP (No. _____)

File No. _____

Registered No. 27

St. _____ Ward _____

2. FULL NAME Joseph Mulholland.

(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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Never married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 18, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 64 5 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. BOILER MAKER.

9. Industry or business in which work was done, as silk mill, 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) Philadelphia PENN.

13. NAME HUGH MULHOLLAND.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND.

15. MAIDEN NAME SARAH LAUGHLIN.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND.

17. INFORMANT (ADDRESS) Mrs. Mille, English, Lathrop, Ind.

18. BURIAL, CREMATION, OR REMOVAL PLACE STAN'S BURY, Mo. DATE Dec. 29, 1931

19. UNDERTAKER (ADDRESS) De Thom Lerunk, Lathrop, Ind.

20. FILED 12-28-1931 J. J. Kinsey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC 27, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1931, to Dec 27, 1931

I last saw him, alive on Dec 24, 1931. Death is said

to have occurred on the date stated above, at 4 A. M.

The principal cause of death and related causes of importance were as follows:

Acute dilatation of heart. sudden death

Date of onset

95 B 95 B

Other contributory causes of importance:

77

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? NO.

If so, specify _____ (Signed) E. B. Drumson, M. D. (Address) _____

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JAN 20 1932

