

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

Do not use this space.

12956

**1. PLACE OF DEATH**

49 County Caspera  
7 Township  
5 City Joplin (No. \_\_\_\_\_)

Registration District No. 411  
Primary Registration District No. 2002

File No. 24  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Chas. M. McNulty  
(a) Residence, No. Neosho Mo. St. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

MAY 3 5 1932

**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 Laura M. McNulty

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July, 14 1858

7. AGE YEARS 73 MONTHS 9 DAYS 4 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

9. BIRTHPLACE (CITY OR TOWN) Carthage Ill. (STATE OR COUNTRY) Ill.

10. NAME OF FATHER James M. McNulty

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio (STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Susan Robertson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ill. (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Jos. M. McNulty (Address) Joplin Mo.

15. FILED W. A. Robertson Clark REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 21 1932

17. I HEREBY CERTIFY, That I attended deceased from Apr. 17 1932 to Apr. 21 1932 that I last saw him alive on Apr. 20 1932 and that death occurred, on the date stated above, at 4:25 A.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic Interstitial Nephritis

131 (duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 131 (duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Ill. IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No. DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) W. C. Conrad M. D. (Address) Joplin, 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 J. P. O'G. Cemetery DATE OF BURIAL 4-27 1932

20. UNDERTAKER Kathy Thompson ADDRESS Neosho Mo.

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.

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

