

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

Do not use this space.

25306

1. PLACE OF DEATH

5 County Darry Registration District No. 30
Township Monett Primary Registration District No. 5040
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>E. B. Mulvaney</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 15, 1889</u>		
7. AGE	YEARS	MONTHS
	<u>45</u>	<u>0</u>
		DAYS
		<u>12</u>
		if LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	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) <u>Darry Co. Mo</u>		
MOTHER	13. NAME <u>David Deposito</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>	
	15. MAIDEN NAME <u>Caroline Regatta</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Southland</u>	
17. INFORMANT <u>E. B. Mulvaney</u> (ADDRESS) <u>170 Monett Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bermyrk</u> DATE <u>8/29</u>		
19. UNDERTAKER <u>Callaghan</u> (ADDRESS) <u>Monett Mo</u>		
20. FILED <u>8-29-32</u> <u>W. M. West</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 27th 1932 to _____, 19____
I last saw him _____ at _____, 19____. Death is said to have occurred on the (date stated above, at _____).
The principal cause of death and related causes of importance were as follows:
Suicide by hanging Date of onset Aug 27, 1932
16 - 16 1/2 ①

Other contributory causes of importance:
Several years of ill health

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? Suicide Date of injury Aug 27, 1932
Where did injury occur? Residence, Darry Co. Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home

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. Mulvaney M. D.
(Address) Monett, 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.

SEP 9 1932

