

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

Do not use this space.

26530

**1. PLACE OF DEATH**

County Jackson  
Township Tair  
City Keosauqua (No. 804)

Registration District No. 399  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 3272  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. 804 Monroe 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**

SEX <u>Male</u>	4. COLOR OF RACE <u>Wh.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Helen Pearson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 17 1889</u>		
7. AGE	YEARS <u>44</u>	MONTHS <u>9</u>
	DAYS <u>27</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>Lawyer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	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>Shayston Ill</u>		
FATHER	13. NAME <u>James Mullane</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
MOTHER	15. MAIDEN NAME <u>Julia McBrill</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
17. INFORMANT (ADDRESS) <u>Mrs Mullane 804 Monroe</u>		
18. BURIAL CREMATION OR REMOVAL PLACE DATE <u>St Marys 8/16/33</u>		
19. UNDERTAKER (ADDRESS) <u>Nettel &amp; Funeral Home 216 S 7th</u>		
20. FILED <u>8/16</u> No. <u>33</u> M. M. <u>Carone</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 14 1933

22. I HEREBY CERTIFY, That I attended deceased from June 29 1933, to Aug 14 1933

I last saw h. un. alive on Aug 12 1933 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Perforated duodenal ulcer

Other contributory causes of importance:  
1178 1178 1178

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? physical signs Was there an autopsy? No

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  
Also, specify \_\_\_\_\_ (Signed) A. Morris Gumberg, M. D.  
(Address) 724 Argyle Bldg

Date of onset

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.

SEP 26 1933

