

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

EB 67  
1934

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

Do not use this space.

3025

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City **St. Louis** (No. **City Hospital**)

File No. ....  
Registered No. **678**  
St. .... Ward)

2. FULL NAME

(a) Residence, No. **616 1/2** **Walnut St.** **25** 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

3. SEX **M** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 22 1873**

7. AGE YEARS **60** MONTHS **7** DAYS **18** If LESS than 1 day, hrs. or min.

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

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) **Massachusetts**

13. NAME **David R. Nulty**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Pennsylvania**

15. MAIDEN NAME **Scottie Ellen**

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

17. INFORMANT **W. J. Murphy** (ADDRESS) **City**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Washington** DATE **1 12 1934**

19. UNDERTAKER **Walter Richter** (ADDRESS) **3500 Rutger St.**

20. FILED **1 18 1934** **J. B. Debeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 10 1934**

22. I HEREBY CERTIFY That I attended deceased from **1/9 1934** to **1/10 1934**

I last saw him alive on **1/10 1934** Death is said

to have occurred on the date stated above, at **8:00** m.

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

**Lobar Pneumonia** Date of onset

**108**

Other contributory causes of importance

**108**

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?

If so, specify

(Signed) **W. C. Hod** M. D.

(Address) **City Hospital**

