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.

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

Do not use this space.

8959

1. PLACE OF DEATH MAR 26 1936

County Vernon — Registration District No. 875 — File No.

Township — Primary Registration District No. 3039 — Registered No. 42

City Nevada (No. , St. Ward)

2. FULL NAME Gevannah Mulhern

(a) Residence, No. 408 N Hunter St., 1 Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 23 1856

7. AGE YEARS 79 MONTHS 11 DAYS 21 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) Not Known Penn

FATHER

13. NAME Henry Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known West Va

MOTHER

15. MAIDEN NAME Hannah Horriman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known Penn

17. INFORMANT (ADDRESS) Charles Mulhern Nevada Mo

18. BURIAL, CREMATION, OR REMOVAL Deepwood Cemet DATE 2-16-1936

19. UNDERTAKER (ADDRESS) Terry Funeral Home Nevada Mo

20. FILED Feb. 18, 1936 M. Eichinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-14, 1936

22. I HEREBY CERTIFY That I attended deceased from Dec 23, 1935, to Feb 14, 1936.

I last saw her alive on Feb 14, 1936. Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Bronchial Pneumonia — Date of onset

1860

Other contributory causes of importance:

Fracture of neck of R Femur

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? Accident Date of injury Dec 23, 1935

Where did injury occur? Nevada, Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Fract femur - Fell on steps

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Yates, M. D.

(Address) Nevada Mo