

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.

20056

1. PLACE OF DEATH
County Marion Registration District No. 547
Township Mason Primary Registration District No. 3079
City Hannibal No. 3706 North St. _____ Ward _____
2. FULL NAME Edith Pine Mulkey
(a) Residence, No. 3706 Mohawk 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.

File No. _____
Registered No. 160
St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF N. J. Mulkey
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18 1885
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 51 0 12
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
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) Marion County Missouri
13. NAME George W. Pine
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Missouri
15. MAIDEN NAME Mary Bernetta Ward
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
17. INFORMANT J. N. Mulkey
(ADDRESS) Hannibal Missouri
18. BURIAL, CREMATION, OR REMOVAL PLACE Grand View Cem DATE June 1 1936
19. UNDERTAKER Wm. M. Smith
(ADDRESS) Hannibal Mo.
20. FILED June 3 1936 H. C. Fisher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 1936
22. I HEREBY CERTIFY, That I attended deceased from March 18 1936 to May 30 1936
I last saw her alive on May 28 1936 Death is said to have occurred on the date stated above, at 10:25 P.M.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 7/27
Hypertension 1932
Other contributory causes of importance _____
Name of operation None Date of _____
What test confirmed diagnosis? Cerebral Laboratory 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
If so, specify _____
(Signed) J. E. Suckman M. D.
(Address) Hannibal Mo.

