JUN 25 1936

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

Do not use this space.

2029852

1. PLACE OF DEATH

County Pettis — Registration District No. 668 — File No. 146 50

Township — Primary Registration District No. 3032 — Registered No. 668

City Sedalia (No. ~~R F D # 5~~ Noble Grand & St. Limits Ward)

2. FULL NAME William Addison McNulty

(a) Residence, No. RFD # 5 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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb.3,1847

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
89	3	1	

OCCUPATION

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

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) Penn.

FATHER

13. NAME William W.McNulty

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

MOTHER

15. MAIDEN NAME Margaret Miller

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

17. INFORMANT (ADDRESS) Mrs.E.L.McClung Sedalia Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Crown Hill DATE May 6,1936

19. UNDERTAKER (ADDRESS) Gillespie Funeral Home Sedalia Mo.

20. FILED 5-5-, 1936 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from 4-21, 1936, to 5-4, 1936

I last saw him alive on 5-4, 1936 Death is said to have occurred on the date stated above, at 11 A m.

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

	Date of onset
Bronchopneumonia	4/20 36

Other contributory causes of importance:

no

107

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) [signature], M. D.

(Address) Sedalia 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.