

MAY 21 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Jefferson  
Township Crystal City  
City Crystal City (No.           )

Registration District No. 421  
Primary Registration District No. 3375A

File No. 16721  
Registered No. 37  
St.            Ward           

## 2. FULL NAME

(a) Residence, No. 608 High St. J. 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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joe. Edward Mc Nulty

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 18 - 1868

7. AGE YEARS MONTHS DAYS If LESS than day, hrs. or min.  
76 8 4

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.           

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) Arkansas

13. NAME Wallace

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

15. MAIDEN NAME Kays

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

17. INFORMANT (ADDRESS) Joe. Edward Mc Nulty

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cem. DATE 4-24-1937

19. UNDERTAKER (ADDRESS) Wm. F. Barnhart  
Crystal City, Mo.

20. FILED 4/22 1937 J. E. Bartholomew, M.D.  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-21-1937

22. I HEREBY CERTIFY, That I attended deceased from 4-20, 1937, to 4-21, 1937

I last saw her alive on 4-21, 19          . Death is said

to have occurred on the date stated above, at 5:40 P.M.

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

apoplexy

Date of onset  
1933

Other contributory causes of importance:

Hypertension

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) A. P. Smith, M. D.

(Address) Hesta, Mo

Dr. Smith