

SEP 21 1937

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

Do not use this space.

1. PLACE OF DEATH

 County Mercer Registration District No. 334 File No. 31220
 Township Washington Primary Registration District No. 3747 Registered No. 10
 City (No.) St. Ward
2. FULL NAME Roy Woodrow Mulvania
 (a) Residence, No. Mill-Grove Mo 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 11 1912
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
23 0 8

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) Mill Grove Mo13. NAME Leonord Mulvania14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mercer Co Mo15. MAIDEN NAME Mary Delameter16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mercer Co Mo17. INFORMANT E C Brassfield
(ADDRESS) Mill Grove Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Coon Cem DATE Aug 22 193719. UNDERTAKER Chas E Schooler
(ADDRESS) Spickard Mo20. FILED Aug 7 1937 Mrs. Claud Thomas
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 19 193722. I HEREBY CERTIFY, That I attended deceased from April 3 1937 to Aug. 19 1937I last saw him alive on Aug. 19 1937 Death is saidto have occurred on the date stated above, at 7 30

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

Cardio-vascular-renal disease, with special reference to the degree of kidney complication. Ran as high as 7% albumen. Unk. Probably followed an influenzal attack about Feb. 1937.

Patient was blind in both eyes an old Interstitial Keratitis.

 Name of operation 131 Date of 131
 What test confirmed diagnosis? Phys. and Lab. Was there an autopsy? 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) A. S. Bristow, M. D.(Address) Princeton, 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.

