

REC'D FEB 23 1938

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

2882
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 475
(b) Township Spring River Primary Registration District No. 5639 Registered No.
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Elbert Mulkey

(a) Residence, No. R. F. D. Monett, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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: Hulda L. Mulkey
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 21, 1872
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 1 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as 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) Lawrence Co., Mo.

FATHER 13. NAME William Henry Mulkey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER 15. MAIDEN NAME Margaret McCormick

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

17. INFORMANT (ADDRESS) Mrs. Hulda Mulkey, R. #1, Monett, Mo.

18. BURIAL, ~~TO BE FILLED BY REGISTRAR~~ PLACE Liberty DATE Dec. 8, 1938

19. FUNERAL DIRECTOR (ADDRESS) Callaway's, Monett, Missouri.

20. FILED 1-9 19 4 J Gueden Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1938, to Dec 6, 1938

I last saw him alive on Dec 6, 1938 Death is said

to have occurred on the date stated above, at 2:30 A. M.

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

Bronchopneumonia Date of onset Nov 28 '38

Other contributory causes of importance:

Pre Senile Psychoses 1900

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? NO

If so, specify Lawrence County, Missouri, M. D.

(Address) Irreistatt, Missouri

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.

RECEIVED

District Health Officer No. 81

District File No. 6-39-444

Date Filed 2/21/39

STATEMENT BY LICENSED EMBALMER

I, J. P. Buchanan, Licensed Embalmer No. 3179
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed J. P. Buchanan
Licensed Embalmer No. 3179

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)