

REC'D MAR 13 1939

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

7162

Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 547
(b) Township Mason Primary Registration District No. 3029 Registered No. 67
(c) City Harrison (d) Street No. St. Elizabeth Hospital 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME John Mulvihill

(a) Residence, No. Pans County 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16 - 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hr. or min.
74 1

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
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) Mo13. NAME Patrick Mulvihill14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland15. MAIDEN NAME Susie Norton16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland17. INFORMANT Agnes Mulvihill
(ADDRESS) R. B. D. Harrison Mo18. BURIAL, CREMATION, OR REMOVAL
PLACE St Mary Cem DATE 2-17-3919. FUNERAL DIRECTOR (NAME) James Olanney
(ADDRESS) Harrison Mo20. FILED Feb 20 1939 W. D. Fisher Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb - 15 - 193922. I HEREBY CERTIFY, That I attended deceased from April 19 1938, to Feb 15 1939I last saw him alive on Feb 15 1939. Death is said to have occurred on the date stated above, at 4:30 p.m.

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

Cerebral Hemorrhage (left) Date of onset 2-14-39
gout

Other contributory causes of importance:
Arteriosclerosis - about one year standing

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 _____

(Signed) H. L. Banks, M. D.(Address) Harrison 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Myself
....., Registered Apprentice No.

working under my personal supervision.

Signed David M. Reynolds

Licensed Embalmer No. 3889

P. O. Address Harriet St.

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.)

If this body is not embalmed, above space should be left blank.