WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

50M-1-12-38 I X14028

REC'D SEP 15 1939

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

28503
Do not use this space.

1. PLACE OF DEATH
(a) County Barry — Registration District No. 34
(b) Township Liberty — Primary Registration District No. 5050 — Registered No. 14
(c) City near Ridgely — (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 Mary Drucilla Mulvaney
(a) Residence, No. Exeter, Mo. RFD. St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mark Butler Mulvaney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 18, 1857

7. AGE: YEARS 81 — MONTHS 10 — DAYS 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: House work
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): Sarcoxie, Mo. Jasper, Co.

FATHER
13. NAME: D. K.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): D. K.

MOTHER
15. MAIDEN NAME: D. K.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): D. K.

17. INFORMANT (ADDRESS): Mrs. W. F. Johnston, Exeter, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Muncey DATE Aug. 28, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Horine-Culver, Cassville, Mo.

20. FILED Sept. 6 1939 Mrs. W. P. Searcy, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from July - 7 -, 1939, to Aug - 26 -, 1939
I last saw her alive on Aug 10 -, 1939 Death is said to have occurred on the date stated above, at 2:00 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis chronic	1910

Other contributory causes of importance:

Name of operation: none — Date of
What test confirmed diagnosis? Clinical — 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) O. S. McCall, M. D.
(Address) Wheaton Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 939-1848
Date Filed SEP 8 1939

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 Jack Canada,

Registered Apprentice No. 225, working under my personal supervision.

Signed G. E. Culver

Licensed Embalmer No. 3584

P. O. Address Cassville Mo.

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.