

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

19278

Do not use this space.

1. PLACE OF DEATH

(a) County Platte County Registration District No. 696
(b) Township Carroll Primary Registration District No. 5924
(c) City R. F. D. Platte City 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 122. PRINT FULL NAME Alonzo Addison Mulkey

(a) Residence, No. R. F. D. Platte City, Mo. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lucy Ann Cannon</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 6, 1871</u>				
7. AGE	YEARS <u>69</u>	MONTHS <u>3</u>	DAYS <u>24</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	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. <u>Farmer</u>			
	10. Date deceased last worked at this occupation (month and year) <u>4/30/40</u>		11. Total time (years) spent in this occupation <u>Life</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Platte County, Missouri</u>				
FATHER	13. NAME <u>Joseph K. Mulkey</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Platte County, Missouri</u>			
MOTHER	15. MAIDEN NAME <u>Lucy Ann Smith</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lexington, Ky.</u>			
17. INFORMANT (ADDRESS) <u>Mrs. A. A. Mulkey</u> <u>R. F. D. Platte City, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Platte City</u> DATE <u>5/3/40</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>L. F. Rollins</u> <u>Platte City, Mo.</u>				
20. FILED <u>May 6, 40.</u> <u>Mrs. Francie E. Murray</u> By <u>Holman T. Nam</u> Local Registrar. <u>Deputy.</u>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/30/1940, 19

22. HEREBY CERTIFY, That I attended deceased from Jan 10, 1939, to April 30, 1940
I last saw her alive on April 30, 1940 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Mitral Stenosis & Cardiac Decompensation
Other contributory causes of importance: Atherosclerosis
Name of operation None Date of _____
What test confirmed diagnosis? Cyanosis 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) W. C. Spelman, M. D.
(Address) Spartanville, Mo

RECEIVED
District Health Officer No. 11,
District File Number 640-834
Date Filed JUN 5 1940

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,

E. Benjamin Cast

or by

Registered Apprentice No., working under my personal supervision.

Signed

E. Benjamin Cast

Licensed Embalmer No. 4159

P. O. Address Platte City, 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.