JAN 21 1937

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

Do not use this space.

2072

1. PLACE OF DEATH
County _____ Linn _____   Registration District No. _____ 496 _____   File No. _____
Township _____   Primary Registration District No. _____ 3023 _____   Registered No. 1
City _____ Brookfield _____ (No. _____   St. _____ Ward.

2. FULL NAME _____ Rion E. McNulty _____

(a) Residence, No. _____ Brookfield Hospital _____ 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) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____ June 10-1882 _____

7. AGE
YEARS _____ 54 _____   MONTHS _____ 5 _____   DAYS _____ 22 _____   If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____ Butcher _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____ 47 _____
10. Date deceased last worked at this occupation (month and year) _____ Nov. 1936 _____
11. Total time (years) spent in this occupation _____ 15 yr _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____ Brookfield Mo _____

FATHER
13. NAME _____ O. D. McNulty _____
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____ Putnam Co. Mo _____

MOTHER
15. MAIDEN NAME _____ Sarah Williams _____
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____ Mo _____

17. INFORMANT _____ Addie McNulty _____
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE _____ Rose Hill _____   DATE _____ Jan 4-37 _____

19. UNDERTAKER _____ Hunter Kallum _____
(ADDRESS) _____ Brookfield _____

20. FILED 1/11/37 19 _____ Moss Luck _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _____ 1/2/1937 _____

22. I HEREBY CERTIFY, That I attended deceased from _____ 11-1 _____, 1936, to _____ 1/2 _____, 1937.
I last saw him alive on _____ 1/2 _____, 1937. Death is said to have occurred on the date stated above, at _____ 5:30 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Myocarditis _____ 2 da

Other contributory causes of importance:
Fracture leg (Comp)

Distal – Septicemia

Name of operation _____ Plate Bone _____   Date of _____ 11/7/36 _____
What test confirmed diagnosis? _____ None _____   Was there an autopsy? _____ No _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Acc. _____   Date of injury _____ 11/1 _____, 1936
Where did injury occur? _____ Auto crashed _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____ Highway – 5 miles – Gas _____
Manner of injury _____ Fracture of leg (Comp) _____
Nature of injury _____ " " " (Comp) _____
Fractured humerus & eye

24. Was disease or injury in any way related to occupation of deceased? _____ No _____
If so, specify _____
(Signed) _____ Jno M Raney _____, M.D.
(Address) _____ Brookfield, Mo _____