

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

PLACE OF DEATH
County Jackson
Township Haw
or
Village Wainae
or
City City mo (NO. Sr Joe Hospital St. Ward)

Registration District No. 399 File No. 28373
Primary Registration District No. 1002 Registered No. 2800

FULL NAME Richard W Mulline (If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX M. COLOR OR RACE W. SINGLE Widowed
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

DATE OF DEATH Aug 18th, 1917
(Month) (Day) (Year)

DATE OF BIRTH Unknown, 1838
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June, 1917, to Aug 18, 1917, that I last saw him alive on Aug 18, 1917, and that death occurred, on the date stated above, at 3 P. m.

AGE 73 yrs. 0 mos. 0 ds. IF LESS than 1 day, 0 hrs. or 0 min.?

The CAUSE OF DEATH* was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) 3-16

137
135 Peremia - 4
18 hrs.
(Duration) yrs. mos. ds.

BIRTHPLACE (City or town, State or foreign country) Canada

Contributory Cystitis - from prostate
(SECONDARY) (Duration) yrs. mos. ds.

NAME OF FATHER Robt C Mulline

(Signed) J. W. Perkins M. D.
9/19/17 (Address) 423 Altman

BIRTHPLACE OF FATHER (City or town, State or foreign country) England

MAIDEN NAME OF MOTHER Margaret Carroll

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Canada

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

(Informant) The Coury M Batchelor
3012 Sylvan
(ADDRESS) Dr Joe mo

At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted
If not at place of death?
Former or usual residence

AUG 19 1917
Filed W. S. Wheeler

PLACE OF BURIAL OR REMOVAL Elmwood DATE OF BURIAL Aug 20th, 1917

UNDERTAKER Geo J Sturwak ADDRESS 1212 W. 11th St

REGISTRAR

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.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sar-*

coma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgi al operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



County Jackson

Township _____
or
Village _____
or
City London City (No. _____)

Registration District No. 399

File No. _____

Primary Registration District No. 1002

Registered No. 28089

St. _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Richard W. Mullins

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR OR RACE W SINGLE MARRIED WIDOWED OR DIVORCED W
(If wife the word)

DATE OF BIRTH Unknown, 1898 June, 1911
(Month) (Day) (Year)

AGE 17 If LESS than 1 day, hrs or mos ds

OCCUPATION (a) Trade, profession, or particular kind of work Police Officer for 2 yrs
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (City or town, State or foreign country) Canada

PARENTS NAME OF FATHER W. C. Mullins BIRTHPLACE OF FATHER England
MAIDEN NAME OF MOTHER Mary Ann Carroll BIRTHPLACE OF MOTHER Canada

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (In informant's handwriting) My Sory M. Batcheller

Address St. W. M.
Filed Oct 12 1911 W.S. Wheeler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 8-18, 1911
(Month) (Day) (Year)

HEREBY CERTIFY, that I attended deceased from 8-18, 1911, to 8-18, 1911, that I last saw him alive on 8-18, 1911, and that death occurred, on the date stated above, at 3:30 m.

The CAUSE OF DEATH* was as follows: Asmia

Contributory Cystitis - from prostate
(SECONDARY) (Duration) yrs. mos. ds. 48
(Signed) J. W. Curtis M. D.
8-18 1911 (Address) 423 W. Main

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL St. W. M. DATE OF BURIAL 8-22 1911
UNDERTAKER Des. Stewart ADDRESS 1712 W. 2nd

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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