

PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHCountry Jasper

Township _____

or

Village _____

or

City Joplin, Mo. (NO. 302 St. 1 Ward)Registration District No. 411File No. 1628Primary Registration District No. 2002Registered No. 16

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

FULL NAME William J. Mulliken

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Married
(Write the word)DATE OF BIRTH Nov. 10, 1841
(Month) (Day) (Year)AGE 71 yrs. 2 mos. 6 ds. IF LESS than: 1 day, ___ hrs, or ___ min.?OCCUPATION (a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) _____BIRTHPLACE (City or town, State or foreign country) Bloomington, IndianaNAME OF FATHER Thos. MullikenBIRTHPLACE OF FATHER (City or town, State or foreign country) Bloomington, Ind.MAIDEN NAME OF MOTHER Martha MueselmanBIRTHPLACE OF MOTHER (City or town, State or foreign country) Ind.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Sophia McCallough(ADDRESS) Joplin, Mo.Filed 1/20 1913 H. M. Gregg REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 16, 1913
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from 1772, 1912, to Jan 16, 1913, that I last saw him alive on Jan 16, 1913, and that death occurred, on the date stated above, at 10:50 p.m.The CAUSE OF DEATH* was as follows: Chronic Bronchitis
10 1/2
77
(Duration) yrs. mos. ds.Contributory arterio sclerosis
(SECONDARY) (Duration) yrs. mos. ds.(Signed) R. M. James M. D.
Jan 17, 1913 Address, Joplin, Mo.

*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? not at place of death?

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Columbus, Mo. DATE OF BURIAL Jan 18, 1913UNDERTAKER Wm. H. Gregg ADDRESS Joplin, Mo.

carefully supplied. AGE should be stated exactly. Exact statement of OCCUPATION is very important.

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*, *Compositor*, *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 "Crôup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, 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 surgical 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.)

REGISTRARS SHALL NOT RE-BUREAU OF VITAL STATISTICS
 CEIVE A FEE FOR CERTIFICATES
 UNTIL THEY ARE COMPLETED AS
 PRESCRIBED BY LAW.

CERTIFICATE OF DEATH

PLACE OF DEATH
 County Jasper
 Township _____
 or _____
 Village _____
 or _____
 City Joplin (NO. _____ St.; _____ Ward)

Registration District No. 411 File No. _____
 Primary Registration District No. 2002 Registered No. 16

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

FULL NAME William L. Mullikin

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>widowed</u> (If write the word)
DATE OF BIRTH <u>Nov. 10, 1841</u> (Month) (Day) (Year)		
AGE <u>71</u> yrs. <u>2</u> mos. <u>6</u> ds.		IF LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Father - retired</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (City or town, State or foreign country) <u>Bloomington, Ind.</u>		
PARENTS	NAME OF FATHER <u>Jhos. Mulliken</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Bloomington</u>	
	MAIDEN NAME OF MOTHER <u>Margha Musselman</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Ind.</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
Jan. 16, 1913
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 12/22, 1912, to Jan. 16, 1913 that I last saw him live on Jan. 16, 1913 and that death occurred, on the date stated above, at 10.55 p.m.

The CAUSE OF DEATH* was as follows:
Chronic Bronchitis
arteriosclerosis

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) P. M. James M. D. (Address) Joplin Mo.

*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 _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Mrs. Sophia M. Cullough
 (ADDRESS) Joplin, Mo.

PLACE OF BURIAL OR REMOVAL
Columbus, Mo.

DATE OF BURIAL
Jan. 18, 1913

UNDERTAKER
Jos. P. Frank

ADDRESS
Joplin, Mo.

Filed 1/20 1913 A. M. Gregg
 REGISTRAR

Original file, date. JAN 1913 All information called for must be written on this Supplementary Certificate.

B.—Every item of information should be supplied. AGE should be properly classified. If the cause of death is not stated, it should be so stated. If the cause of death is not stated, it should be so stated.

Revised United States Standard Certificate of Death

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

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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*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, 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 "Asihenia," "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 surgical 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.)

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