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.

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 27331
Township Kaw — Primary Registration District No. [illegible] — Registered No. [illegible]
City K.C. Mo. (No. 1818 Kensington St. ..... Ward)

2. FULL NAME Martha A. Mullikin
(a) Residence. No. 1818 Kensington St. 12 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: Fe
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May-1-1842

7. AGE: Years 86 | Months 3 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Hsw f
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

PARENTS
10. NAME OF FATHER Martha Hensley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Indiana
12. MAIDEN NAME OF MOTHER No Record
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No Record

14. INFORMANT H. A. Pritchard
(Address) 2633 Elmwood

15. FILED 8-13-1928 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug-12 1928

17. I HEREBY CERTIFY, That I attended deceased from 7-14-, 1928, to 8-12-, 1928 that I last saw her alive on 8-12-, 1928, and that death occurred, on the date stated above, at 1:20 PM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Endocarditis, Chronic
92A
97B
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Rheumatism
(duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Tom Sawyer, M. D
8-13-, 1928 (Address) 1701 Jackson

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. [illegible] OF BURIAL, CREMATION, OR REMOVAL: Edinburg Ind — DATE OF BURIAL: Aug 14 1928

20. UNDERTAKER: Mrs. C. L. Forster — ADDRESS: K.C. Mo.

1701 Jackson
Benton 2030