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.

41341

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 12017

Township ..... Primary Registration District No. 1003 Registered No. 12017

City St Louis Mo. (No. 1437 Sullivan Ave St. ..... Ward)

2. FULL NAME Thomas Mullikin

(a) Residence. No. 1437 Sullivan Ave St., 26 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 31 - 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	66	4	23	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work General Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Thomas Mullikin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ky.
(STATE OR COUNTRY)

14. INFORMANT Alfred Mullikin
(Address) 1437 Sullivan Ave.

15. FILED 26 ... 19 Max C Harkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 23 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1930, to Dec. 23, 1930 that I last saw him alive on Dec 22, 1930, and that death occurred, on the date stated above, at 9 - 35A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

93C Chronic Myocarditis

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (SECONDARY) 90B

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Allen N. Roe M. D.

12/23, 1930. (Address) 2712a N. 14th St

*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. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
St Johns North	Dec 26 1930
20. UNDERTAKER	ADDRESS 1419
Hy Leidner Und Co	N. Market St