

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

Do not use this space.

32759

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St Louis (No. 7074, Sutherland) St. _____ Ward _____

2. FULL NAME

Josephine Gertrude Mullen
 (a) Residence. No. 7074 Sutherland St. 3 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
 4. COLOR OR RACE
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female White Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 18, 1909

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>22</u>	<u>3</u>	<u>23</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Shoemaker
 (b) General nature of industry, business, or establishment in which employed (or employer) Johansen Shoe Co
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Crawford Co. Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Chas Mullen

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Crawford Co Mo
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Rorie Liptock

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Louis Mo
 (STATE OR COUNTRY)

14. INFORMANT Chas Mullen
 (Address) 7074 Sutherland

15. FILED 13 1931 May 13 1931 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 11 1931

17. I HEREBY CERTIFY, That I attended deceased from April 1931 to Sept 11 1931
 that I last saw her alive on Sept 11 1931, and that death occurred, on the date stated above, at 11:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary tuberculosis
 (duration) 2 yrs. - mos. - ds.

CONTRIBUTORY (SECONDARY) _____
 (duration) _____ 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? No

WHAT TEST CONFIRMED DIAGNOSIS Laboratory
 (Signed) W. B. Kieffer M. D.

Sept 12, 1931 (Address) Rister Bldg

*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 Leesburg, Mo DATE OF BURIAL Sept. 14 1931

20. UNDERTAKER Alexander & Sons ADDRESS 6175 Delmar

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.

