

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

Do not use this space.

35397

1. PLACE OF DEATH

County Butt
Township Grant
City Livonia (No. _____)

Registration District No. 720
Primary Registration District No. 6234

File No. _____
Registered No. 9
St. _____ Ward _____

2. FULL NAME

Keith Eldon Mullenix

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 7 1931</u>		
7. AGE YEARS <u>—</u>	MONTHS <u>7</u>	DAYS <u>27</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____		11. Total time (years) spent in this occupation _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____		
10. Date deceased last worked at this occupation (month and year) _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Livonia Mo</u>		
13. NAME <u>Millard Mullenix</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Greenville Mo</u>		
15. MAIDEN NAME <u>Dora Hierman</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Livonia Mo</u>		
17. INFANT (ADDRESS) <u>A. W. Johnson Livonia Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Johnson</u> DATE <u>Oct 5 31</u>		
19. UNDERTAKER (ADDRESS) <u>J. H. Brogan Livonia Mo</u>		
20. FILED <u>No 10</u> 19 <u>31</u> <u>E. E. McCallan</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 3 1931, to Oct 4 1931
I last saw h. alive on Oct 4 1931. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Illness
119B
119
Other contributory causes of importance: _____
Date of onset 29 1930

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19 _____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) [Signature] M. D.
(Address) [Address]

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.

WHITE CARBON WITH UNFADING INK—THIS IS A PERMANENT RECORD

