

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.

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1. PLACE OF DEATH
 County dent Registration District No. 266
 Township Spring Creek Primary Registration District No. 5-370
 City No. St. Ward

2. FULL NAME John Clifton Mullinix
 (a) Residence, No. St. Ward
 (Usual place of abode)
 Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF May Mullinix
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 8 - 1862
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 11 28
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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) 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville Tenn
 13. NAME Jedie Mullinix
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
 15. MAIDEN NAME Martha Creasey
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee
 17. INFORMANT (ADDRESS) May Mullinix
 18. BURIAL, CREMATION, OR REMOVAL PLACE Niney Cem DATE 11/14 1934
 19. UNDERTAKER (ADDRESS) H. D. Hobson
 20. FILED 1/11 1934 W. E. Ruddle, Reg. R. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10 . 1934
 22. I HEREBY CERTIFY, That I attended deceased from Jan. 1 1934 to Jan. 1934
 I last saw h. live alive on Dec. 16th, 1933. 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:
Cardio-Renal Vascular Disease Date of onset 1930
 Other contributory causes of importance: 151
 Name of operation Date of
 What test confirmed diagnosis renal Phymet Was there an autopsy? No
 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? No
 If so, specify
 (Signed) W. E. Ruddle, M. D.
 (Address) Salem, Mo.

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