

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

Do not use this space.

4724

MAR 16 1936

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township..... Primary Registration District No. 100
City St. Joseph (No. 108 North 2nd St.)

File No.....
Registered No. 268
St. Ward)

2. FULL NAME Joe Mc Mullen

(a) Residence, No. 108 No. 2nd. St. St. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 1 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE
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) Henderson Kentucky

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT Transient Bureau (ADDRESS) 108 North 2nd St.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER Clark Mortuary (ADDRESS) 5025 King Hill Av

20. FILED FEB 24 1936 19..... (Address) John C Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 23, 1936 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1935 to Feb 23, 1936
I last saw him alive on Feb 23, 1936. Death is said to have occurred on the date stated above, at 5:45 p.m.
The principal cause of death and related causes of importance were as follows:

Coronary sclerosis Date of onset

Other contributory causes of importance:
Chr. Myocarditis
Chr. Nephritis
High Blood Pressure

Name of operation..... Date of.....
What test confirmed diagnosis? Clival 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) J. J. Green M. D.
J. Kirkpatrick Bede (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.

JAN 23 1954

THE OFFICE OF THE
ATTORNEY GENERAL

STATE OF NEW YORK

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STATE OF NEW YORK

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