

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

Do not use this space.

**MAY 31 1937**

17349

1. PLACE OF DEATH. . . . .  
 82 County Randolph Registration District No. 734  
 Township Jackson Primary Registration District No. 4439  
 City Jacksonville (No. . . . .) St. . . . . Ward)

2. FULL NAME Etta Mulnix  
 (a) Residence, No. Jacksonville St. . . . . Ward. . . . .  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. 10 How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 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 Widow  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep. 2 1887

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, . . . . . hrs. or . . . . . min.  
35 69 7 15

22. I HEREBY CERTIFY, That I attended deceased from Apr 5, 1937, to Apr 16, 1937  
 I last saw her . . . . . alive on Apr 16, 1937. Death is said to have occurred on the date stated above, at 6:42 a. m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage Date of onset

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife  
 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) 10 DAYS Ago 11. Total time (years) spent in this occupation. . . . .

Other contributory causes of importance: Steno sclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co.

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

FATHER 13. NAME D.F. Davison  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

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.

MOTHER 15. MAIDEN NAME Cassie Sneed  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

Manner of injury . . . . .  
 Nature of injury . . . . .

17. INFORMANT Jim Mulnix Son  
 (ADDRESS) Jacksonville

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify . . . . .  
 (Signed) John P. Allen, M. D.  
 (Address) Paris, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Salum Cem. DATE April 18 1937

19. UNDERTAKER Snow Funeral Home  
 (ADDRESS) Moberly Mo.

20. FILED 4-18-37 R. M. Carter Registrar.

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.

