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.

DEC 20 1937

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

Do not use this space.

40331

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 4613
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. 1122, Penn. St. Ward)

2. FULL NAME Joseph Charles Mullikin
(a) Residence, No. 1122 Penn Dr St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W1
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 18 1876

7. AGE — YEARS 61 — MONTHS 0 — DAYS 28 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R.R. Engineer
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) 11-14-1937
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montrose Iowa

FATHER
13. NAME James Mullikin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montrose Ia

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

17. INFORMANT (ADDRESS) Joseph Mulliken Jr Milan Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Milan Mo DATE Nov-16 1937

19. UNDERTAKER (ADDRESS) C A Schoene Milan, Mo

20. FILED Nov. 18, 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1937, to Nov 16, 1937
I last saw him alive on Nov 16, 1937 Death is said to have occurred on the date stated above, at 3.10 p.m.
The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage — Date of onset Nov 13

Other contributory causes of importance:
arteriosclerosis

Name of operation none — 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? No — 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) R O Brennan, M. D.
(Address) 1 W. Linwood