Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state USE 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 Jackson
Township Kaw
City Kansas City Mo (No. 7104 Walrond St. Ward)
Registration District No. 399
Primary Registration District No. 1002
File No.
Registered No. 2

2. FULL NAME Charles Asa McMullin 254
(a) Residence, No. 7104 Walrond 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) Sing
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF XXXX
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1, 1938
7. AGE YEARS XX MONTHS XX DAYS XX If LESS than 1 day, 22 hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. XXX
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) Kansas City, Mo 0

FATHER
13. NAME Asa L. McMullin 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pleasent Plains Arkansas 0

MOTHER
15. MAIDEN NAME Muriel Wooderson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Moriah Missouri

17. INFORMANT (ADDRESS) Mr. Asa L. McMullin 7104 Walrond
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah, Mo DATE Jan. 2, 1938
19. UNDERTAKER (ADDRESS) R.V.Lindsey & Sons Inc. 3811 Brdy. K.C. Mo.
20. FILED 1-1-1938 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to Jan 1, 1938
I last saw him alive on Jan 1, 1938. Death is said to have occurred on the date stated above, at 10:A m.
The principal cause of death and related causes of importance were as follows:

Asphyxiation (?) from mucous following birth

Date of onset

RECEIVED 161 P

Other contributory causes of importance:
FEB 18 1938
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MO. STATE BOARD OF HEALTH

Date of operation Date of
What test confirmed diagnosis? Clinical 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) S. W. Fair, M. D.
(Address) 404½ W 78th

Dr S W Fain 404½ W-75th

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