

REC'D MAR 13 1939

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

5951
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 1
 (b) Township _____ Primary Registration District No. _____ Registered No. 162
 (c) City St. Joseph (d) Street No. 2814 Jule Street St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 4 1/2 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Louis Abraham Mulford

(a) Residence, No. 2814 Jule St. Joseph, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Christina Mulford
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 30, 1861
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
77 3 18

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Beef Washer
 9. Industry or business in which work was done, as saw mill, bank, etc. Swift & Co.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 47

FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davenport, Iowa

13. NAME Abraham Mulford

FATHER
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davenport, Iowa

MOTHER
 15. MAIDEN NAME Josephine Eno

MOTHER
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris, France

17. INFORMANT (ADDRESS) Mrs. Christina Mulford, 2814 Jule, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Unionport, Iowa DATE 2/20/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Halter Frieschauer, 1302 Faraon St., St. Joseph

20. FILED 2/20 1939 AJ Nestelush Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 18, 1939
 22. I HEREBY CERTIFY Feb. 14 attended deceased from Feb. 18 to Feb. 18, 1939
 I last saw him alive on Feb. 18, 1939. Death is said to have occurred on the date stated above, at 12:40p
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Feb. 14/2
 Date of onset
 Other contributory causes of importance:
arterio-sclerotic -
hypertension -

Name of operation none Date of _____
 What test confirmed diagnosis? clin. 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) Frank W. Dugan M. D.
 (Address) Unionport, Iowa

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Wilbur Kelly

or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

W. H. Kelly

Licensed Embalmer No. No. 3946

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.