JUN 24 1927

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

Do not use this space.

14242

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township ~~Washington~~ — Primary Registration District No. 1001
City St. Joseph (No. City Cemetery Road. St. Ward)

File No.
Registered No. 532

2. FULL NAME Eva Jean Mulleniox

(a) Residence. No. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan, 14, 1914

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	13	4	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work In School
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo.

PARENTS
10. NAME OF FATHER Charles Mulleniox
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo.
12. MAIDEN NAME OF MOTHER Mary Wallace Hamilton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo.

14. INFORMANT Charles Mulliniox
(Address) R.F.D. St. Jos, Mo.

15. FILED MAY 18 1927 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) May, 16, 1927 19

17. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1926, to May 16, 1927 that I last saw her alive on May 15, 1927 and that death occurred, on the date stated above, at 8.00 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Sarcoma of Ovary (Left)
49A
46
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Metastasis
(duration) yrs. 4 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? yes DATE OF Dec. 27, 1926
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Microscopic Sections
(Signed) [illegible] M. D
5/18/1927 (Address) 825 Charles St St Joseph Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Mora Cemetery — DATE OF BURIAL May, 18, 1927

20. UNDERTAKER Walter Meinhoffer — ADDRESS 1302 Faraon St.

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.