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.

MAR 16 1928

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

Do not use this space.

File No. 4068

Registered No. 163

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85

Township: — Primary Registration District No. 1001

City: St. Joseph, (No. Noyes Hospital St. Ward)

2. FULL NAME: Samuel L. Mullen,

(a) Residence. No. 104 North 2nd. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 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)
Male	White	Single,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Year 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	63	Unk.	Unk	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Bridge Builder,

(b) General nature of industry, business, or establishment in which employed (or employer): Retired.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Unknown.
(STATE OR COUNTRY): Indiana,

PARENTS

10. NAME OF FATHER: Unknown,

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown.
(STATE OR COUNTRY): Unknown,

12. MAIDEN NAME OF MOTHER: Unknown,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown.
(STATE OR COUNTRY): Unknown,

14. INFORMANT: Mrs. Joseph Shoemaker
(Address) 1920 Jones Street.

15. FILED 28 1928, 19 John G. Ott, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 7 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1928, to Feb 7, 1928, that I last saw h.... alive on Feb 7, 1928, and that death occurred, on the date stated above, at 12:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic endocarditis.
92A
(duration) do not know. yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical.

(Signed) J. F. Owens, M. D.
2/9, 1928 (Address) Schneider Bldg.

*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: Mount Mora Cemetery

DATE OF BURIAL: Feb. 9th, 1928

20. UNDERTAKER: Hoalon Bissole Bauman
F. B. Kaole

ADDRESS: 519 S. 10 St.
Funeral Home