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 24 1936

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

Do not use this space.

7286

1. PLACE OF DEATH
County Randolph
Registration District No. 734
File No.
Township
Primary Registration District No. 4439
Registered No.
City Jacksonville, Mo. (No. St. Ward)

2. FULL NAME Claud Orson Mulnix,
(a) Residence, No. Jacksonville, Mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 3 yrs. 9 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 20 1932

7. AGE YEARS 3 MONTHS 9 DAYS 17 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Jacksonville, Mo. Mo.

FATHER
13. NAME James Mulnix,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bevier, Mo.

MOTHER
15. MAIDEN NAME Miss Della Dean,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jacksonville, Mo.

17. INFORMANT (ADDRESS) Della Mulnix Jacksonville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Salem DATE Feb 8th 1936

19. UNDERTAKER (ADDRESS) Snow Funeral Home. Moberly, Mo.

20. FILED Feb 8th 1936 R M Cater Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7th 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 20, 1932, to Feb. 8, 1936
I last saw him alive on Feb. 8, 1936 Death is said to have occurred on the date stated above, at 9.45 m. A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	2/5/36
Other contributory causes of importance:	
Scarlet Fever	2/3/36

Name of operation Date of
What test confirmed diagnosis? clinical 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) Guy S. Jolly, M. D.
(Address) Moberly, Mo.