

APR 8 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Canon
City Kansas City (No. K C Gen Hosp)

Registration District No. 399
Primary Registration District No. 1002

File No. 9629
Registered No. 1206
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1658 Bellmead 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. 2 mos. 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) 8-28-1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 6 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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

13. NAME Leroy Mullikin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

15. MAIDEN NAME Lucille George

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT Deputy Clerk (ADDRESS) K C Gen Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn Cem DATE 3/19/37

19. UNDERTAKER Geurk + Sabine Co (ADDRESS) 20 West Lenwood

20. FILED Apr 18, 1937 M.M. Conroy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-18 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-10 1937 to 3-18 1937

I last saw him alive on 3-18 1937. Death is said to have occurred on the date stated above, at 6:45 am

The principal cause of death and related causes of importance were as follows:

Bilateral Broncho Pneumonia with Embolism of right lung (Primary Pneumonia)

Other contributory causes of importance: 107a

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) P. F. De Maria, M. D.

(Address) K C Gen Hosp

N. B.—Every item of information should be carefully supplied. A GE 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.

