

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.

REC'D MAY 17 1938

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

14379
Do not use this space.

1. PLACE OF DEATH
(a) County Clay Registration District No. 198 5277A
(b) Township Franklin Primary Registration District No. 3-0-11 Registered No. 57
(c) City Mosby - Mo. (d) Street No. _____ 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Clifford Mullikin 425
(a) Residence, No. _____ 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 Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-11-1904

7. AGE YEARS 33 MONTHS 5 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Mining
9. Industry or business in which work was done, as 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) Richmond (STATE OR COUNTRY) MO.

FATHER 13. NAME J. T. Millikin
14. BIRTHPLACE (CITY OR TOWN) Lexington (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Mary Jane Hancock
16. BIRTHPLACE (CITY OR TOWN) Brazil (STATE OR COUNTRY) Ind

17. INFORMANT Cecil Millikin (ADDRESS) Richmond Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond Mo. DATE April 20 1938

19. FUNERAL DIRECTOR E. Thurman (ADDRESS) Richmond Mo.

20. FILED 4-20-38 Louisa M. Clark Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19 1938

22. I HEREBY CERTIFY, That I attended deceased from April 18 1938 to April 18 1938
I last saw him alive on April 18 1938. Death is said to have occurred on the date stated above, at 12:52 a.m.
The principal cause of death and related causes of importance were as follows:
Tuberculosis of heart & lungs
Date of onset 3rd week of February 1938

Other contributory causes of importance: 2 3/4 in.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19____
Where did injury occur? no (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) S. M. Coaker, M. D.
Exclusion Sp. M.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)