WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

NOV 25 1932

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

Do not use this space.

32970

1. PLACE OF DEATH

69 County MONROE — Registration District No. ~~4344~~ 582 — File No. 65

4 Township — Primary Registration District No. ~~582~~ 4344 — Registered No.

2 City PARIS (No. ..... St. ..... Ward)

2. FULL NAME ISAAC S. MULL

(a) Residence, No. McMURRY HOSPITAL 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. 1 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE — 4. COLOR OR RACE WHITE — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 2ND 1865

7. AGE — YEARS 66 — MONTHS 9 — DAYS 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER 1

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) AUGUST 1932. — 11. Total time (years) spent in this occupation LIFE

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CARTHAGE ILL. 2

FATHER

13. NAME ANDREW J. MULL

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

17. INFORMANT (ADDRESS) G. M. Mull PARIS, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE PLESANT HILL DATE OCT 2 1932, 19

19. UNDERTAKER (ADDRESS) Speed & Blakey PARIS, MO.

20. FILED OCT 1 1932 19 H. C. Payne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCT 1 1932, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1932 to Oct 1, 1932

I last saw him alive on Oct 1, 1932 Death is said to have occurred on the date stated above, at 10 A. m.

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

Typhoid fever — Date of onset About Aug 5 1932

Other contributory causes of importance:

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) M. C. McMurry, M. D.

(Address) Paris Mo

3