

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.

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

Do not use this space.

26801-7A

JUN 6 1936

1. PLACE OF DEATH

County Jefferson Registration District No. 420
 Township Waller Primary Registration District No. 3022
 City Desoto (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 159

2. FULL NAME

Minnie W. M. Mullin
 (a) Residence, No. 5. Fourth St., _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 19-1859</u>		
7. AGE	YEARS	MONTHS
	<u>76</u>	<u>4</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>house keeper</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Desoto Mo.</u>		
FATHER	13. NAME <u>Friedrich Reichert</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Philippine Monetta</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Marshall E. M. Mullin</u> (ADDRESS) <u>Desoto</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	DATE	
<u>Desoto</u>	<u>Aug 13 1935</u>	
19. UNDERTAKER (ADDRESS) <u>Mothershead Desoto</u>		
20. FILED	<u>8/14 35</u>	<u>W. H. [Signature]</u> Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/13 35 to 8-11-35
 I last saw her alive on 8-10 35 Death is said to have occurred on the date stated above, at 8:45 A.M.
 The principal cause of death and related causes of importance were as follows:
Essential Hyper-tension with Cardiac Failure
 Date of onset 1933

Other contributory causes of importance _____

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? _____ 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) W. H. [Signature] M. D.
 Address _____

