

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

Do not use this space.

45703

1. PLACE OF DEATH

County Missouri
Township Concord
City Walter H. Mullins (No. _____) St. _____ Ward _____

Registration District No. 65-3
Primary Registration District No. 5865

File No. _____
Registered No. 141

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 OR (OR) WIFE OF Clara P. Mullins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-6-1896

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
40 7 12

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

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) Ky.

13. NAME Richard P. Mullins

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

15. MAIDEN NAME Elizabeth Byrd

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

17. INFORMANT (ADDRESS) Clara P. Mullins

18. BURIAL, CREMATION, OR REMOVAL PLACE 24 Bryan Cemetery DATE 12-20-36

19. UNDERTAKER (ADDRESS) Wm. H. Smith

20. FILED 12-19, 1936 J.W. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-18-36

22. I HEREBY CERTIFY, That I attended deceased from Dec. 13, 1936, to Dec. 18, 1936

I last saw him alive on Dec. 17, 1936. 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:

Broncho pneumonia Date of onset 12-14-36

Other contributory causes of importance: Arthritis deformans

Name of operation _____ Date of _____

What test confirmed diagnosis? 375 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. Smith, M. D. (Address) Hayden, Mo.

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.

