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.

DEC 17 1937

File No. 41378

Registered No.

Registration District No. 347

Primary Registration District No. 5485

1. PLACE OF DEATH

County: Henry

Township: Bogard

City: (No. St. Ward)

2. FULL NAME: Virginia Lee Mullens

(a) Residence, No. 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. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

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): Nov 21st 1937

7. AGE: YEARS | MONTHS | DAYS: 9 | If LESS than 1 day, hrs. or min.

OCCUPATION

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

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): Henry Co Mo

FATHER

13. NAME: Alva Mullens

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hickory Co Mo

MOTHER

15. MAIDEN NAME: Pearl Keller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Henry Co Mo

17. INFORMANT (ADDRESS): Chas. H. Keller.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Burria DATE: Nov. 1937

19. UNDERTAKER (ADDRESS): Harry E Graham Urich Mo

20. FILED: Dec 4 1937 J. R. Hampton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 29th 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 29th 2:00 P.M. 1937, to Nov 29th 4:00 P.M. 1937

I last saw him alive on Nov 29th, 1937. Death is said to have occurred on the date stated above, at 9:30 a.m.

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

	Date of onset
Unknown	

Other contributory causes of importance:

Name of operation: — Date of:

What test confirmed diagnosis? — Was there an autopsy?

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? (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) J. J. McDonald, M. D.

(Address) Urich Mo