REC'D JAN 18 1939

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

Do not use this space.

File No. 44275

Registered No. 186

Registration District No. 2dd

Primary Registration District No. 3035

1. PLACE OF DEATH
County Ray
Township 1
City Richmond (No. ..... St. ..... Ward)

2. FULL NAME 45B Sherman Mullin

(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. 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): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): **** 1865

7. AGE: Years 74 | Months - | Days - | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired 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): Mineral City Mo. 0

FATHER

13. NAME: W.H. Mullin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown 9

MOTHER

15. MAIDEN NAME: Mary Feuers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Richmond Mo. 0

17. INFORMANT (ADDRESS): Grant Mullin Richmond Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Tegarden Cemetery DATE: Dec. 22. 1938

19. UNDERTAKER (ADDRESS): E. Thurman Richmond Mo. 668

20. FILED 1-1 1939 Mary B. McDonald Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw him alive on ....., 1938. Death is said to have occurred on the date stated above, at 9. P/M.

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

	Date of onset
Acute Pericarditis	don't know
(Found Dead)	

Other contributory causes of importance: Advanced Arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? History 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) G.W. Gaines Coroner, M. D.

(Address) Richmond, Mo.

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.

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RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1/2/39