

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

Do not use this space.

19265

1. PLACE OF DEATH

County Ray
 Township Knorrville
 City (No.) St. Ward)

Registration District No. 915-
 Primary Registration District No. 6236

File No.
 Registered No. 5

2. FULL NAME

Alexander 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 M 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 Martha J. Mullin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 3 - 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 4 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ray Co. Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER William Muller

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
 (STATE OR COUNTRY) don't know

12. MAIDEN NAME OF MOTHER May Taylor

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
 (STATE OR COUNTRY) don't know

14. INFORMANT Alva Mullin
 (Address) Towson, Mo

15. FILED June 17 1927 Mrs. G. W. Gaines
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 16 1927

17. I HEREBY CERTIFY, That I attended deceased from 19...
 to 19...
 that I last saw him alive on 19... and that death occurred, on the date stated above, at
 THE CAUSE OF DEATH* WAS AS FOLLOWS:

General dilatation of the heart
9/13 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Advanced Arterio Sclerosis
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH? ✓

DID AN OPERATION PRECEDE DEATH? no DATE OF
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) G. W. Gaines M. D.
June 16, 1927 (Address) Rayville, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Peegarden Cem DATE OF BURIAL 6-18-1927

20. UNDERTAKER J. E. Broucheurst ADDRESS Rayville.

K. 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.

28 1927

