

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

Do not use this space.

42194

JAN 28 1929

**1. PLACE OF DEATH**

County Ray  
Township Richmond  
City (No. ....) .....

Registration District No. 744  
Primary Registration District No. 0976 B

File No. ....  
Registered No. 112  
St. .... Ward)

**2. FULL NAME**

Martha 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 29 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
93      4      25

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work House Duties  
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (CITY OR TOWN) Sardis  
(STATE OR COUNTRY) Kentucky

10. NAME OF FATHER David Harber

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Sardis  
(STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER May Suit

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Sardis  
(STATE OR COUNTRY) Kentucky

14. INFORMANT J. M. D. Stafford  
(Address) Richmond Mo

15. FILED Jan 28 R. L. Hamilton  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 19 - 1928

17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19....., and that I last saw him ..... alive on ..... 19....., and that death occurred, on the date stated above, at 11 - P. .....

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Old age, but I did not see her in last sick week, had been had by nurse; no physician saw her.  
(duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) 107  
(duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED? 107  
IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. R. Green, M. D.  
Dec 29 1928 (Address) Richmond 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 Wild Cemetery DATE OF BURIAL Dec 22 1928

20. UNDERTAKER E. Hummer ADDRESS Richmond Mo

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.

