

REG'D JAN 18 1939

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

Do not use this space.

1. PLACE OF DEATH

County Ray
Township 1
City Richmond (No.)

Registration District No. 244
Primary Registration District No. 3035

File No. 44275
Registered No. 186
St. Ward

2. FULL NAME U.S. 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 MONTHS DAYS If LESS than 1 day, hrs. or min.
74 - - -

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) Mineral City Mo. 0
(STATE OR COUNTRY)

13. NAME W. H. Mullin

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

15. MAIDEN NAME Mary Feuers

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

17. INFORMANT Grant Mullin
(ADDRESS) Richmond Mo.

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

19. UNDERTAKER E. Thurman 663
(ADDRESS) Richmond Mo.

20. FILED 1-1 19 39 Marj. McDonald Registrar
Richmond, Mo.

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, 19 30 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:

Acute Pericarditis Don't know
(Found dead) AD

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) J. W. Gairnes, 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.

RECEIVED
District Health Officer No. 8,
District File Number 112/39
Date Filed _____