

SEP 18 1936

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

Do not use this space.

29949

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township St Joseph Mo

Primary Registration District No. 1001

City St Joseph Mo

(No. St Hospital # 2)

File No.

Registered No. 1053

St. Ward

2. FULL NAME

Martha J. Mullins

(a) Residence, No. Rayville Mo 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. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sam Mullins</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 1 1862</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>4</u>
	DAYS <u>14</u>	IF LESS than 1 day, hrs. or min.

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. House wife

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)
Ray County Mo

MOTHER FATHER 13. NAME Hiram Brauser

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Tenn

MOTHER 15. MAIDEN NAME Rebecca Morrison

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Tenn

17. INFORMANT Sam Mullins (son)
(ADDRESS) Rayville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond Mo DATE 8-16 1936

19. UNDERTAKER Edmund
(ADDRESS) Richmond Mo

20. FILED Aug 16 1936 J. H. Hester
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 4th 1936 to Aug 15 1936.
I last saw him alive on Aug 15 1936 Death is said to have occurred on the date stated above, at 10:39 a.m.
The principal cause of death and related causes of importance were as follows:

1. Cerebral Arteriosclerosis

65

Other contributory causes of importance:

2. Chronic Myocarditis
3. Hypopituitarism

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? 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) Geo W. Kaman B.G.R.B. M. D.
(Address) State Hosp # 2

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.

