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

Do not use this space.

10326

1. PLACE OF DEATH
County: St Clair
Township: Appleton
City: ..... (No. ....., ..... St. ..... Ward)

Registration District No. 761
Primary Registration District No. ~~[illegible]~~ 6002

File No. .....
Registered No. .....

2. FULL NAME: Mildred Clarence Mullen

(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): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 3-30-1890

7. AGE

| Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 37 | 11 | 21 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmers wife
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY): Kansas

PARENTS

10. NAME OF FATHER: Henry Harris
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): unknown
12. MAIDEN NAME OF MOTHER: Carrie Cook
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Michigan

14. INFORMANT: Fred A Mullen
(Address): Appleton City

15. FILED Mar 23 1928 W. Cline M.D.
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mch 21 1928

17. I HEREBY CERTIFY, That I attended deceased from Mch 17, 1928, to Mch 21, 1928, that I last saw he alive on Mch 21, 1928, and that death occurred, on the date stated above, at 3 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED .....
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) H P Grab, M. D
, 19 (Address) Appleton City

*State the DISEASE CAUSING DEATH, or if 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: Appleton City Cem.
DATE OF BURIAL: 3-23 1928

20. UNDERTAKER: R.R. Kennedy 3099
ADDRESS: A.C. Mo

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.