

JUN 28 1929

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

Do not use this space.

20377

1. PLACE OF DEATH

County Saline

Registration District No. 796

Township

Primary Registration District No. 3038

City Marshall (No.)

File No.
Registered No. 889
St. Ward)

2. FULL NAME

John Henry Mull

(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)

married

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

Mrs Belle C. Mull

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

Oct. 9 - 1850

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

78

7

14

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)

Singleton Co

(STATE OR COUNTRY)

Ill

10. NAME OF FATHER

Joseph Mull

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ill

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14.

INFORMANT

Mrs Belle C. Mull

(Address)

Marshall Mo

15.

FILED

5-28, 1929

Mrs John H. Mull
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

May 23 1929

17.

I HEREBY CERTIFY, That I attended deceased from May 1

1929, to May 15, 1929.

that I last saw him alive on May 15, 1929, and that death occurred, on the date stated above, at 5 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic valvular disease of heart + Chronic Bright's disease

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

129 W

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

13" 9214

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

clinical

(Signed) B M Spalto M. D.

5/23, 1929 (Address)

Marshall 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

DATE OF BURIAL

Shiloh Cem May 25 1929

20. UNDERTAKER

ADDRESS

T. W. Campbell Marshall

WHITE - RAINY, 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.

