

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

Do not use this space.

13101

1. PLACE OF DEATH

County Johnson
Township Bingville
City Bingville

Registration District No. 428
Primary Registration District No. 2283

File No. _____
Registered No. 3
St. _____ Ward) _____

2. FULL NAME

Thomas L. Mc Mullin
(a) Residence. No. _____ St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Mc Mullin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 3-1838

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>91</u>	<u>8</u>	<u>1</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farming
(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)

Ky.

10. NAME OF FATHER John W. Mc Mullin

11. BIRTHPLACE OF FATHER (CITY OR TOWN), (STATE OR COUNTRY) Dont Know

12. MAIDEN NAME OF MOTHER Dont Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN), (STATE OR COUNTRY) Dont Know

14. INFORMANT J. H. Mc Mullin

(Address) Holden Mo.

15. FILED 4/5, 1930 J. L. Angell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 19th 1930

17. I HEREBY CERTIFY, That I attended deceased from May 10, 1922 to April 14th, 1930 that I last saw him alive on Sept 11th, 1927, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Debility
16 1/2

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

16 1/4

(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) Emery Thompson M. D.

4-5, 1930 (Address) Holden 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

Rack Springs Cemetery

DATE OF BURIAL

4/6 1930

20. UNDERTAHER

John H. Murray

ADDRESS

Holden 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.

MAY 26 1930

