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

Do not use this space.

25655

AUG 26 1930

1. PLACE OF DEATH

County: Texas — Registration District No.: 862 — File No.:

Township: Bunlinn — Primary Registration District No.: 6135 — Registered No.: 19

City: Cabool (No. ..... St. ..... Ward)

2. FULL NAME Maryetta Mullins

(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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 7-1928

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1	9	4	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bartlesville Okla
(STATE OR COUNTY)

PARENTS

10. NAME OF FATHER Luther Mullins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tullahoma
(STATE OR COUNTY) Tenn

12. MAIDEN NAME OF MOTHER Ethel Butler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Houston
(STATE OR COUNTY) Mo.

14. INFORMANT Mrs Luther Mullins
(Address) Bartlesville Okla

15. Filed July 12, 1930 — A. D. Dwyer, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-11 1930

17. I HEREBY CERTIFY, That I attended deceased from July 6, 1930, to July 11, 1930, that I last saw h. alive on July 11, 1930, and that death occurred, on the date stated above, at 1 8 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cholera dysentery
119A

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) 1130V

(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) J. M. Coates, M. D.
, 19 (Address) Cabool 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: Pleasant Hill — DATE OF BURIAL: 7-12 1930

20. UNDERTAKER: Gaylord Elliott — ADDRESS: Cabool