SEP 25 1930

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

Do not use this space.

1. PLACE OF DEATH

County: Mercer — Registration District No.: 558 — File No.: 27319

Township: Harrison — Primary Registration District No.: 5749 — Registered No.: 4

City: ~~Cainsville~~ (No. ..... St. ..... Ward)

2. FULL NAME C. J. Mullins (Charles J)

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

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: Tressie Mullins

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 10, 1856

7. AGE: Years 74 — Months 6 — Days 16 — If LESS than 1 day, ... hrs. or ..... min.

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) (STATE OR COUNTRY): Mercer County Mo

PARENTS

10. NAME OF FATHER: Elmore Mullins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Carolina

12. MAIDEN NAME OF MOTHER: Copeland

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri

14. INFORMANT: Elmer Mullins
(Address): Princeton, Missouri

15. FILED 8/26 1930 C E Odell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug. 25 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1928, to Aug 25, 1930 that I last saw him alive on Aug 20, 1930 and that death occurred, on the date stated above, at 11:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1. Heart disease, chronic mitral + aortic insufficiency with myocarditis
2. Chronic interstitial nephritis.
(duration) 10 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Exhaustion — anaemia
(duration) ..... yrs. 6 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? 131
IF NOT AT PLACE OF DEATH? 92
DID AN OPERATION PRECEDE DEATH? No DATE OF 92
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Phys & lab. findings
(Signed) A S Brixton, M. D.
8/27, 1930 (Address) Princeton, 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: Mullins — DATE OF BURIAL: August 27, 1930

20. UNDERTAKER: Noel Moss — ADDRESS: Princeton 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.