

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

Do not use this space.

809

**1. PLACE OF DEATH**

County Sussex  
Township Salem  
City James Bentley Mullins (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward) \_\_\_\_\_

Registration District No. 290  
Primary Registration District No. 5408

File No. \_\_\_\_\_  
Registered No. 5

**2. FULL NAME**

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

**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) Apr. 21 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8 11

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. \_\_\_\_\_ ✓ ✓  
(b) General nature of industry, business, or establishment in which employed (or employer). \_\_\_\_\_ ✓ ✓  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Senath Mo 1  
(STATE OR COUNTRY)

10. NAME OF FATHER J. B. Mullins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky 2  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Janice Allison

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Senath Mo 1.  
(STATE OR COUNTRY)

14. INFORMANT J. B. Mullins  
(Address) Senath Mo

15. FILED 27 1931 J. B. Mullins REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 14 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1931 to Jan 14, 1931 that I last saw him alive on Jan 14 7:30 1931, and that death occurred, on the date stated above, at \_\_\_\_\_ P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Laryngeal Diphtheria

(duration) \_\_\_\_\_ yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) unknown

(duration) \_\_\_\_\_ yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH. \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS none

(Signed) J. B. Mullins M. D.

1-15-1931 (Address) Senath 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 Senath Mo DATE OF BURIAL Jan-15 1931

20. UNDERTAKER J. B. Mullins ADDRESS Senath 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.

FEB 16 1931

