

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

Do not use this space.

7277

1. PLACE OF DEATH

5 County Barry Registration District No. 29
Township Flat Creek Primary Registration District No. 5-038
City (No.) St. Ward (No.) Ward

File No.
Registered No. 17

2. FULL NAME

Lester Smalley 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 12 yrs. mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 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) 2-17-1920

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
12 0 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry Co. Mo

FATHER 13. NAME Steve Mullins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Co. Mo

MOTHER 15. MAIDEN NAME Paul Day

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry Co. Mo

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Ridge DATE 3-16-32

19. UNDERTAKER (ADDRESS) W. D. Bacon
Cassville, Mo.

20. FILED Apr 1 1932 Mrs. H. R. Williams
Regist. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 12, 1932, to Mar. 15, 1932

I last saw him alive on Mar. 15, 1932 Death is said

to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Solar Pneumonia Date of onset
11A
108 11A
Other contributory causes of importance:
Influenza

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Elmer H. Salzer, M. D.
(Address) Cassville, Mo.

WRITE PLAINLY, 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.

APR 28 1932

