

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.

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

Do not use this space.

10650

1. PLACE OF DEATH

County..... Registration District No. 7011
Township..... Primary Registration District No. 1003
City..... (No.)

File No.....
Registered No. 2721
St. Ward)

2. FULL NAME

Sara Carter Mullin
(a) Residence, No. 4967 Lindenwood St. 14 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 27-1864</u>		
7. AGE YEARS <u>67</u>	MONTHS <u>7</u>	DAYS <u>24</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>		
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) Dubuque Iowa

13. NAME Michael Carter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Antigonish Nova Scotia

15. MAIDEN NAME Katharine Rooney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Antigonish Nova Scotia

17. INFORMANT (ADDRESS) Mrs Dorothy Maloney

18. BURIAL, CREMATION, OR REMOVAL PLACE Chicago Ill DATE March 20 1932

19. UNDERTAKER (ADDRESS) Quinn J. Hoffmeister

20. FILED APR 21 1932 Registrar

2 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 2:15-1:20, 1931, to 3-21, 1932

I last saw him, alive on 3-20, 1932 Death is said to have occurred on the date stated above, at 7-1 A. M.

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

Cerebral Apoplexy Date of onset
82A J. J. W.
102
Other contributory causes of importance: High Blood Pressure

Name of operation none 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?.....
If so, specify.....

(Signed) J. J. Toner (Address).....
T. J. Toner, M. D.
3613 MERAMEC STREET
ST. LOUIS, MO.

