

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

Do not use this space.

13085

MAY 25 1932

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.

1. PLACE OF DEATH
 54 County Lafayette Registration District No. 466
 10 Township Primary Registration District No. 4274
 3 City Wellington (No.) St. Ward)

2. FULL NAME Edward Mullin

(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 Wgn. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 10 - 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	64	2	1	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work coal mined
 (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) Jackson Co. Mo. 1

PARENTS

10. NAME OF FATHER Green Muller

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo. known 31

12. MAIDEN NAME OF MOTHER not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) not known

14. INFORMANT Mathe Mullina
 (Address) Wellington Mo

15. FILED Apr 27 1932 J. P. Mann
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 16 1932

17. I HEREBY CERTIFY, That I attended deceased from April 27, 1932, to April 16, 1932, that I last saw him alive on April 15, 1932, and that death occurred, on the date stated above, at 10:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza
 (duration) yrs. mos. 14 ds.

CONTRIBUTORY (SECONDARY) Intemperance
 (duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 8 DID AN OPERATION PRECEDE DEATH..... DATE OF (1)
 WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) J. P. Mann M. D.
Apr 17 1932 (Address) Wellington 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 <u>Wellington, Mo.</u>	DATE OF BURIAL <u>April 13 1932</u>
20. UNDERTAKER <u>Johnson & Johnson</u>	ADDRESS <u>Wellington, Mo.</u>

