

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

Do not use this space.

36459

1. PLACE OF DEATH

69 County Monroe
Township Clay
City _____ (No. _____)

Registration District No. 5-78
Primary Registration District No. 5-78-2

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Mable Kate Mulner

(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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Jornie Mulner (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/25/1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 X 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2nd

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) Monroe Co. Mo.

13. NAME Lee Milliron

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

15. MAIDEN NAME Ellie West

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Lora Mulner Holliday

18. BURIAL, CREMATION, OR REMOVAL PLACE Cape Rose DATE Nov 14 1932

19. UNDERTAKER (ADDRESS) Wm. A. Thompson

20. FILED 11/10 1932 Jagan Ennis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/12 1932

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

I last saw her alive on Nov 12, 1932. Death is said to have occurred on the date stated above, at 10:19 a.m.

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

Post Partum Eclampsia Date of onset Nov 12/1932

146/31

Other contributory causes of importance: Chronic nephritis

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 _____, 1932

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

Manner of injury _____
Nature of injury _____ (2)

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____ (Signed) W. A. Thompson M.D.

(Address) Madison, 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.

JAN 9 1933

Dr. JAMES STEWART,
SPECIAL AGENT,

JEFFERSON CITY, MISSOURI.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

578

#2 36459

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information indicated by check marks, lacking from the death certificate.

Name: Mable Kate Milner
Who died at Monroe Co. on Nov. 12, 1932
(City) (County) (Date)

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex _____ Color or race _____ Single, married, widowed or divorced: _____

Date of birth _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or Country) _____

Birthplace of father (State or Country) _____

Birthplace of mother (State or Country) _____

Principal cause of death: Post Partum Eclampsia
of 3 hrs duration.

Other contributory causes of importance: Chronic Nephritis
of several months. See margin.

Name of operation _____ Date of _____

What test confirmed diagnosis? See margin Was there an autopsy? _____

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.

_____ injury _____

_____ injury _____

_____ case or injury in any way related to occupation of deceased? _____

Specify _____

_____ physician _____

_____ of physician _____

The information is sought for statistical purposes only and in order that the report may be complete and correct. Please reply promptly using the official envelope which requires no postage.

Very truly yours,
E. J. McLaughlin, M.D.
Special Agent.

Dr. McLaughlin had had the nephritis during pregnancy. Do not know if he had any nephritis previous to that time.