MAR 3 1933

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

Do not use this space.

File No. 41057

Registered No.

1. PLACE OF DEATH
County: Pettis
Township: Heath Creek
City: (No. Beaman R F D # 4 St. Ward)
Registration District No. 670
Primary Registration District No. 5-896

2. FULL NAME: Katherine Mc Mullin
(a) Residence, No. R F D # 4 Beaman 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: D Mc Mullin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 18 1859

7. AGE: Years 73 Months 10 Days 13 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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.:
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): Mo

FATHER
13. NAME: James Spince
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind

MOTHER
15. MAIDEN NAME: Synthia Estes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind

17. INFORMANT: Jas. Mc Mullin
(ADDRESS) Beaman Mo R F D 4

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Crown Hill DATE: Jan 2 1933

19. UNDERTAKER: Gillespie Funeral Home
(ADDRESS) Sedalia Mo

20. FILED: 1/13 1933 Flossie Ferguson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 31 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 28 1932 to Dec 31 1932
I last saw h. alive on Dec 29 1932 Death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1a Influenza	Dec 27
1b	
1c	
1d	

Other contributory causes of importance: Senile Debility D

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 of deceased?
If so, specify
(Signed) C P Carter M.D. M. D.
(Address) Hughesville 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.

WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD