

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

Do not use this space.

543

1. PLACE OF DEATH

County J. Clay Kearney Registration District No. 200
 Township Exceller Springs Primary Registration District No. 5279B
 City Exceller Springs No. 1701 St. Ward

2. FULL NAME

Amanda McMullen
 (a) Residence, No. 204 Kearney St., Ward. Exceller Springs Mo
 (Usual place of abode)
 Length of residence in city or town where death occurred 12 1/2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George McMullen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9, 1858

7. AGE YEARS 78 MONTHS 11 DAYS 3 IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. of home
 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) Orwich Mo, Row Co.

MOTHER FATHER 13. NAME Jake Longbrasse

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

15. MAIDEN NAME Catherine Seek

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

17. INFORMANT Mrs Ernest Kline
 (ADDRESS) Kearney Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Salem DATE 1-14-34

19. UNDERTAKER Herbert Hope
 (ADDRESS) Exceller Springs

20. FILED 1/14 1934 John L. Shurt Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12, 1934
 22. I HEREBY CERTIFY That I attended deceased from Jan 1-32 19 to Jan. 12, 1934
 I last saw her alive on Nov 30, 1933. Death is said to have occurred on the date stated above, at 7:20 a.m.
 The principal cause of death and related causes of importance were as follows:

Decompensated
mitral Insufficiency
 Date of onset Don't know
950
 Other contributory causes of importance: St. mar. auld mitral
hebe

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? no

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? no
 If so, specify
 (Signed) John L. Grace, M. D.
 (Address) Exceller Springs 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.

