

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.

JAN 7 8 1935

43828

1. PLACE OF DEATH Newton Registration District No. 611
 County Seneca Primary Registration District No. 4365
 Township Seneca (No. _____) St. _____ Ward _____
 City _____ (No. _____) St. _____ Ward _____
 2. FULL NAME Ida May M^{rs} Mullen
 (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 <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>J. D. Mc Mullen</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 3 1863</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>5</u>
	DAYS <u>4</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</u>	
	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) <u>Ill</u>		
FATHER	13. NAME <u>James Garvin</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Buzzard</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>	
17. INFORMANT <u>J. D. Mc Mullen</u> (ADDRESS) <u>Seneca</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Seneca</u> DATE <u>12/8 1934</u>		
19. UNDERTAKER <u>Norman E. Mitchell</u> (ADDRESS) <u>Seneca Mo</u>		
20. FILED <u>Dec 11 1934</u> <u>Merle Spahr</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7 1934
 22. I HEREBY CERTIFY, That I attended deceased from Nov 30 1934 to Dec 7 1934
 I last saw her alive on Dec 6 1934 Death is said to have occurred on the date stated above, at 122 m.
 The principal cause of death and related causes of importance were as follows:
Gastric Carcinoma
H. B.
 Other contributory causes of importance:
None
 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 _____, 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) M. B. Smeuler, M. D.
 (Address) Seneca Mo

