

JAN 12 1935

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

Do not use this space.

2366

1. PLACE OF DEATH

County Pettis
Township Sedalia
City Sedalia (No.)

Registration District No. 66
Primary Registration District No. 3632

File No. 2
Registered No. 668
St. Ward)

2. FULL NAME

Milton C. Mullins

(a) Residence, No. 317 St. Pettis St. Ward.

(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 M 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Mullins
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 21 - 1891
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 4 13

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner sawyer, bookkeeper, etc. World's War Vet
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. A.
10. Date deceased last worked at this occupation (month and year) don't no 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calhoun Mo

FATHER
13. NAME Charles Mullins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calhoun Mo

MOTHER
15. MAIDEN NAME Sallie Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't no

17. INFORMANT (ADDRESS) Hellen Mullins Sedalia

18. BURIAL, CREMATION, OR REMOVAL PLACE Clinton Mo DATE Jan 6 1935

19. UNDERTAKER (ADDRESS) F. D. Ferguson Sedalia

20. FILED Jan 4 1935 Gene Shuck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 - 3 - 1935
22. I HEREBY CERTIFY, That I attended deceased from 12 - 27 - 1934 to 1 - 3 - 1935
I last saw h. m. alive on 1 - 3 - 1935 Death is said to have occurred on the date stated above, at 9:30 a. m.
The principal cause of death and related causes of importance were as follows:

Date of onset
Broncho-Pneumonia
Other contributory causes of importance: 107 a
Acute Myocarditis

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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) A. P. Woodox, M. D.
(Address) 666 W. Main

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.

