

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.

APR 26 1935

999

9193

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 3515 Wyandotte)

Registration District No. 1002
Primary Registration District No. 3515 Wyandotte

File No. 2000
Registered No. 2000
St. 2000 Ward

2. FULL NAME

Helen Briggs Mullins

(a) Residence, No. 3515 Wyandotte St. 2000 Ward. 2000
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr. Wm. Scott Mullins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 9 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At 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) Charleston Illinois

13. NAME Charles Russell Briggs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

15. MAIDEN NAME Harriet Stoddert

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

17. INFORMANT (ADDRESS) Helen B. Mullins 3515 Wyandotte St

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mark's DATE March 16, 1935

19. UNDERTAKER (ADDRESS) Stueck & Co. 3505 Bellham Place

20. FILED 3/15 35 In m Crowl Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1935 to Mar. 14, 1935

I last saw her alive on Mar. 12, 1935 Death is said to have occurred on the date stated above, at A. 10:30 m.

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

coronary occlusion Date of onset

Other contributory causes of importance:

scabity
myocarditis

Name of operation Date of

What test confirmed diagnosis? clinical 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) Albert S. Welch, M. D.

(Address) 919 Ricardo Bldg.

U.S. DEPARTMENT OF AGRICULTURE

OFFICE OF THE SECRETARY

WASHINGTON, D. C.

February 1, 1914

Dear Sir:

I have the honor to acknowledge the receipt of your letter of the 28th inst.

and in reply to inform you that the same has been forwarded to the

proper authorities for their consideration.

I am, Sir, very respectfully,
Yours truly,
C. D. Ladd,
Secretary.

Very truly,
C. D. Ladd

Very truly,
C. D. Ladd