

MAY 20 1937

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

Do not use this space.

16413

## 1. PLACE OF DEATH

County GRUNDYRegistration District No. 328File No. 16413Township TRENTONPrimary Registration District No. 3017

Registered No. \_\_\_\_\_

City TRENTON (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

MARTHA ALICE MULLINS

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albert Mullins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
61 1 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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) Grundy County  
(STATE OR COUNTRY) Mo

13. NAME John Craig

14. BIRTHPLACE (CITY OR TOWN) Grundy County Mo  
(STATE OR COUNTRY)

15. MAIDEN NAME Amends Wild

16. BIRTHPLACE (CITY OR TOWN) Mercer Co Mo  
(STATE OR COUNTRY)

17. INFORMANT Eula Hoskins  
(ADDRESS) 1507 Noble Trenton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE pickard Mo DATE 5/2 1937

19. UNDERTAKER Chas E Schooler pickard Mo  
(ADDRESS)

20. FILED 4-30 1937 Gene D. Fair  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30 193722. I HEREBY CERTIFY, that I attended deceased from Jan 22d 1936 to April 28th 1937

I last saw her alive on 6:30 a.m. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Diabetes Mellitus Date of onset 1934

Other contributory causes of importance:

Arteriosclerosis Unlabeled

Name of operation None 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) Oliver F. Duffey M. D.(Address) Trenton, Mo

