

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.

OCT 26 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis

Township Bonhomme

City Kirkwood

Registration District No. 785

Primary Registration District No. 30 37

File No. 35215

Registered No. 35215

St.

Ward

2. FULL NAME

Mamie McMullen

(a) Residence, No. 202 W. Monroe 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)

Single

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

Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 5-1862

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ...hrs.
or min.

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

Nil

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)

Missouri

13. NAME James McMullen

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

15. MAIDEN NAME Mary Mabry

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

17. INFORMANT Kate Mc Mullen
(ADDRESS) 202 W. Monroe, Kirkwood, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Peters

DATE 9-24-37

19. UNDERTAKER Louis N Bopp
(ADDRESS) Kirkwood, Mo

20. FILED 9-22-1937 Agnes Kelly
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-21-37, 1937

22. I HEREBY CERTIFY, That I attended deceased from

October 4th, 1936, to Sept 22nd, 1937

I last saw h.e.r. alive on Sept 21st, 1937 Death is said

to have occurred on the date stated above, at 11:30 A.m.

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

Valvular disease of heart

Other contributory causes of importance:

Anasarca

Name of operation None 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) Henry J. Dwyer, M. D.

(Address) 121 E. Adams, Kirkwood

