

DEC 27 1937

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

Do not use this space.

1. PLACE OF DEATH
County Putnam Registration District No. 719 File No. 42231
Township Calvin Primary Registration District No. 5-950 Registered No. 25
City Putnam (No. _____) St. _____ Ward _____

2. FULL NAME Hugh Nelson Mullens
(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 Male 4. COLOR OR RACE W. white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8 - 1874

7. AGE YEARS 63 MONTHS 5 DAYS 16 IF LESS than 1 day, _____ hrs. or _____ min.

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

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) Mo.

13. NAME William Mullens

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

15. MAIDEN NAME Rebecca Cullen

16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo.

17. INFORMANT John Mullens (ADDRESS) Yonowille, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Yonowille DATE Nov 6 1937

19. UNDERTAKER (ADDRESS) F. P. Huston & Son
Yonowille, Mo.

20. FILED Nov. 8, 1937 Minnie Martin
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 1 A. m.

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

Myocarditis Date of onset _____

Other contributory causes of importance: asthma

Name of operation _____ Date of _____

What test confirmed diagnosis? History 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 _____, 1937.

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) J. E. Yonowille

(Address) Yonowille, Mo.

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.

