WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

REC'D APR 19 1938

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

Do not use this space.

10462

1. PLACE OF DEATH
County Clay
Township
City Excelsior Spr. (No. , St. Ward)
Registration District No. 148
Primary Registration District No. 3011
File No. 40
Registered No.

2. FULL NAME John W. Mullins 452
(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: M
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: Josephine Mullins
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 17, 1901
7. AGE: YEARS 36 MONTHS 7 DAYS 7 If LESS than 1 day, hrs. or min.

OCCUPATION
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): Ray Co.

FATHER
13. NAME: William A. Mullins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ray Co

MOTHER
15. MAIDEN NAME: Lucy J. Hampton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ray Co.

17. INFORMANT (ADDRESS): William A. Mullins Richmond, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Richmond DATE 3/26/38 19
19. UNDERTAKER (ADDRESS): Brothers - Jones Richmond, Mo
20. FILED 3/26 1938 Lorena McCracken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-24-1938
22. I HEREBY CERTIFY, That I attended deceased from 3-22, 1938, to 3-24, 1938
I last saw him alive on 3-24 1938. Death is said to have occurred on the date stated above, at 7:20 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	3-23-38

Other contributory causes of importance:

Pulmonary Congestion	3-23-38

Name of operation Hemorrhoidectomy Date of 3-22-38
What test confirmed diagnosis? Neurological 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?
If so, specify
(Signed) Frank B. Henderson, M. D.
(Address) Excelsior Springs Mo.