

REC'D APR 22 1938

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

Do not use this space.

11815

## 1. PLACE OF DEATH

83 County Platte  
Township Waldron  
City Waldron (No. ....)

Registration District No. 695  
Primary Registration District No. 5723

File No. ....  
Registered No. ....  
St. .... Ward)

## 2. FULL NAME

Lula Mc Mullin 4-7-38 254  
(a) Residence, No. Waldron mo St., .... Ward. ....  
(Usual place of abode)  
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 8 - 1887  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
50 4 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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) April 1, 1938 11. Total time (years) spent in this occupation. ....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana13. NAME Jahn Smith14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Victoria Yates16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana17. INFORMANT Richard Mc Mullin  
(ADDRESS) Waldron mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Burial DATE April 9 3819. UNDERTAKER Teland H Francis  
(ADDRESS) Parkville mo20. FILED 4110 1938 S. F. Ford  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 - 7 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 6 1938 to Apr 7 1938  
I last saw her... alive on Apr 7 1938. Death is said to have occurred on the date stated above, at 8 P.M.

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

Other contributory causes of importance:  
Ins

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? X Date of injury X 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 X  
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) S. F. Ford, M. D.  
(Address) Parkville

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.

July 11  
2:30 P.M.

~~1880~~