

REC'D JUN 8 1938

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

18044

Do not use this space.

## 1. PLACE OF DEATH

(a) County Clinton Registration District No. 204  
 (b) Township Street Primary Registration District No. 2013 Registered No. 22  
 (c) City Cameron (d) Street No. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Phillipp Mullins

(a) Residence, No. So. Harris St. St.  (if nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Katherine Mullins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 21, 1868.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
69 9 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Beer Tavern Prop.  
 9. Industry or business in which work was done, as 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) Ill.

13. NAME John Mullins

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

15. MAIDEN NAME Anna Hassett

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

17. INFORMANT (ADDRESS) Katherine Mullin  
Cameron

18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic Cem DATE May 16, 1938

19. FUNERAL DIRECTOR (ADDRESS) J. D. King  
Cameron Mo

20. FILED May 13 19 38 W. B. Riley  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-13-38 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1937 to June 5, 1938  
 I last saw him alive on 5-12, 1938. Death is said to have occurred on the date stated above, at 6:00 A.M.  
 The principal cause of death and related causes of importance were as follows:

Carcinoma of prostate

Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) J. D. King, M. D.

(Address) 312 N. Main Cameron, Mo

STATEMENT BY LICENSED EMBALMER

I, J. Woodland, Licensed Embalmer No. 895

hereby certify that the body recorded on the reverse side of this certificate was embalmed by A. H. Doole

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. 99

working under my personal supervision.

Signed J. Woodland

Licensed Embalmer No. 895

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)