

REC'D JUN 20 1938

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

Do not use this space.

18224

1. PLACE OF DEATH

County Gentry
 Township
 City Albany (No. _____)

Registration District No. 309
 Primary Registration District No. 4185

File No. _____
 Registered No. 29
 St. _____ Ward _____

2. FULL NAME

Mrs Miranda Emaline Mulnix Burgin

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 19385A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Herschel22. I HEREBY CERTIFY, That I attended deceased from May 26, 1938, to May 26, 1938.6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 9, 1938I last saw her alive on May 26, 1938. Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 7 17

to have occurred on the date stated above, at 6:15 a.m.

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

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

Date of onset

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.

Other contributory causes of importance

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davies Co. Mo.13. NAME E. H. Mulnix14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky15. MAIDEN NAME Miranda Whitaker16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky17. INFORMANT (ADDRESS) Paris Burgin Albany, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Cradview DATE May 29, 193819. UNDERTAKER (ADDRESS) Robert L. Yaple Albany, Mo.20. FILED May 27, 1938 W. T. Martin Registrar.

Date of onset

CROSS OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. Exact statement of OCCUPATION is very important.

