

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

25776

Do not use this space.

REC'D AUG 25 1938

3

1. PLACE OF DEATH

(a) County Lawrence) Registration District No. 470
 (b) Township W. Vernon) Primary Registration District No. 5633
 (c) City W. Vernon mo. (d) Street No. Mo. State Sanatorium St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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

(a) Residence, No. Martinsville, Mo. 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) Mrs. C. E. Mull
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 30 1917
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
21 2 5
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Student
 9. Industry or business in which work was done, as saw mill, bank, etc. University, Mo.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

 12. BIRTHPLACE (CITY OR TOWN) Denver mo (STATE OR COUNTRY) 0

FATHER 13. NAME Bert Clifford Mull 0
 14. BIRTHPLACE (CITY OR TOWN) Denver 0 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Carrie Josephine Montgomery
 16. BIRTHPLACE (CITY OR TOWN) Martinsville (STATE OR COUNTRY) Missouri

17. INFORMANT C. E. Mull (ADDRESS) Martinsville mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill mo DATE 19.....

19. FUNERAL DIRECTOR (NAME) Brownfield Funeral Home (ADDRESS) Pleasant Hill mo

20. FILED July 6 1938 J. P. Palmer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5 1938
 22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1937, to July 5, 1938
 I last saw him alive on July 5, 1938 Death is said to have occurred on the date stated above, at 9:50 p.m.
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
for adv. C.
Tuberculosis, Larynx, Rectorum
and intestines
 Date of onset 1935
 Other contributory causes of importance: 73 W

Name of operation Date of
 What test confirmed diagnosis? clinical 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?
 No, specify Marketable
 (Signed) J. P. Palmer M. D.
 425 (Address) No. 55 W. Vernon, 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____,
_____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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

If this body is not embalmed, above space should be left blank.