

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32997
Do not use this space.

REC'D OCT 25 1938

1. PLACE OF DEATH

(a) County Perry Registration District No. 1161
 (b) Township St. Marys Primary Registration District No. 5891A
 (c) City Silver Lake - Mo. (d) Street No. _____ 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.
46 6 26

2. PRINT FULL NAME HATTIE ETHEL MULLINS

(a) Residence, No. Silver Lake 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
 (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Mullins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 9 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
46 6 26

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Perry Co., Mo.

13. NAME John Thompson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co., Mo.

15. MAIDEN NAME Laura Edmond

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co., Mo.

17. INFORMANT (ADDRESS) Henry Mullins
Silver Lake Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Whitewater Christian Ch. DATE Oct. 7, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ben General Home
Perryville Mo.

20. FILED Oct 7 1938 W. J. Winfield
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 22 1938, 19, to Oct 5 1938, 19.

I last saw her alive on Oct 5 1938, 19. Death is said to have occurred on the date stated above, at 9.30 m. P.M.

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

Hypostatic Pneumonia

Date of onset

Other contributory causes of importance:

Dilation of heart due to mitral regurgitation caused by rheumatic endocarditis several years ago

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? _____
 If so, specify Yes W. J. Winfield, M. D.
 (Signed) _____

(Address) Perryville 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 Albert H. Bey

Licensed Embalmer No. 3866

P. O. Address Perryville, Mo.

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.