

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

Do not use this space.

14967

1. PLACE OF DEATH

County Jackson
 Township Franklin
 City W.C. Mo

Registration District No. 399
 Primary Registration District No. 1002

File No. 1881
 Registered No. 1881
 St. _____ Ward _____

2. FULL NAME

Abner Lee Mullins
 (a) Residence. No. 1512 Spence St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. _____ mos. _____ da. _____ How long in U.S., if of foreign birth? yrs. _____ mos. _____ da. _____

PERSONAL AND STATISTICAL PARTICULARS

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

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Hattie Lee Mullins

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 28 - 1870

7. AGE YEARS 56 MONTHS 8 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Nathan Mullins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ill.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Susan Mullins

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
 (STATE OR COUNTRY)

14. INFORMANT Hattie Lee Mullins
 (Address) 1512 Spence

15. FILED May 4 27 M. M. Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 2 1927

17. I HEREBY CERTIFY That I attended deceased from Apr 21 1927, to May 2 1927, and that I last saw him alive on May 1 1927, and that death occurred, on the date stated above, at 2 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Superior
Mammary Gland
 (duration) 1 yrs. 3 mos. _____ da. _____

CONTRIBUTORY (SECONDARY) _____

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT IN PLACE OF BIRTH? _____

(c) DID AN OPERATION PRECEDE DEATH? No DATE OF 1

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) W. R. Forster, M. D.

5/8 1927 (Address) 1529 Luster

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Brooklyn Cem DATE OF BURIAL May 4 1927

20. UNDERTAKER Rose & Co - 1529 Jackson

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.

