

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.

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

Dr. Drummond
Do not use this space.
21822-2

1. PLACE OF DEATH
 County Scotland Registration District No. 810
 Township Mt. Vernon Primary Registration District No. 6062
 City Waverly (No. 1) St. 1 Ward 1

2. FULL NAME Julia Malissa Mullinix
 (a) Residence, No. 100 St. 1 Ward 1
 (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) widow
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21 - 1868
 7. AGE YEARS 66 MONTHS 10 DAYS 19
 If LESS than 1 day, hrs. min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
 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) Scotland Co Mo
 13. NAME Wm B. Martin
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn
 15. MAIDEN NAME Margaret Sudden
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind
 17. INFORMANT (ADDRESS) Albert Mullinix
Douning mo
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Cone DATE July 11 1935
 19. UNDERTAKER (ADDRESS) Wm B. Asbell
Memphis Mo
 20. FILE NO. JUL 9 - 1935 C. C. Cannon
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9 - 1935
 22. I HEREBY CERTIFY, That I attended deceased from March 9, 1935, to Apr 30, 1935.
 I last saw her alive on April 30, 1935. Death is said to have occurred on the date stated above, at 1:30 P.M.
 The principal cause of death and related causes of importance were as follows:
apoplexy.
 Date of onset _____
 Other contributory causes of importance:
arterial hypertension
nephritis. 3 yrs.
 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 _____
 Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) E. E. Drummond, M. D.
 (Address) Memphis, Mo.

