

WHITE PRINTING INK—THIS IS A PERMANENT RECORD

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**

PLACE OF DEATH

County Buchanan
Township _____
or _____
Village _____
or _____
City St. Joseph,

Registration District No. 85
Primary Registration District No. 1001
between Denver & St. Joseph
(No. On Burlington Train St.: _____ Ward)

File No. 38363
Registered No. 1025
(If death occurred in hospital or institution, give its NAME instead of street and number)

FULL NAME Fuller C. Pulliam,

PERSONAL AND STATISTICAL PARTICULARS

SEX Male	COLOR OR RACE White	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single
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DATE OF BIRTH May 30th, 1900
(Month) (Day) (Year)

AGE 19 yrs. 6 mos. 2 ds.
IF LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work Student,
(b) General nature of industry, business, or establishment in which employed (or employer) ()

BIRTHPLACE (City or town, State or foreign country) Maywood, Mo.

PARENTS	NAME OF FATHER <u>J. W. Pulliam</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Missouri,</u>
	MAIDEN NAME OF MOTHER <u>Frances Cave</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Missouri,</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. W. Pulliam
Loveland Colo
(ADDRESS)

Filed Dec 3, 1912 W. E. Harrington
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 2, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I visited deceased Dec 2, 1912, to _____, 1912, that I last saw him alive on _____, 1912, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:
Acute Pericarditis

56 E
90 E
(Duration) Unknown mos. ds.

Contributory Rheumatism
(SECONDARY) (Duration) Unknown yrs. mos. ds.

(Signed) W. V. Rydner corner _____ M. D.
Dec 3, 1912 (Address) 204 St. Mary

*State the Disease Causing Death, or, in deaths from Venial Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ___ yrs. ___ mos. 1 ds. State 5 yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death? Loveland, Colo.

Former or usual residence Loveland, Colorado

PLACE OF BURIAL OR REMOVAL Maywood, Mo. DATE OF BURIAL Dec. 5th, 1912

ADDRESS 224 So. 3th. St.

HEARDEN BERG
J. W. Harrington
City.

