

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

Do not use this space.

33647

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 5-1-1927
 Township Kan Primary Registration District No. 1002 Registered No. 4417
 City K.C. Mo (No. 5th and Locust Street St. K.C. Mo Ward)

2. FULL NAME Edward Leon Bullcock

(a) Residence. No. 1331 Yecker Ave St. K.C. Mo (If nonresident give city, town and State)
 (Usual place of abode)
 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

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1926-8-13

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>1</u>	<u>3</u>	<u>7</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work none
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Kansas

10. NAME OF FATHER

Ralph Bullcock

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Kansas

12. MAIDEN NAME OF MOTHER

Jeanie Glenn

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

14.

INFORMANT Dorothy Bullcock
 (Address) 1524 S. 26 Street

15.

FILED 11/21/27 1927
M. M. Crane REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 20 1927

17. Shelby Turner
 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Accidental Automobile
fracture of skull
2100

CONTRIBUTORY K.C. Mo (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1890
 IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS Edgerton
 (Signed) Shelby Turner, M. D.
11/20 1927 (Address) Shelby Turner

*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 Orick Missouri DATE OF BURIAL Nov 21 1927

20. UNDERTAKER Frank Galvin ADDRESS K.C. Mo

... WITH UNFADING 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.

