

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

Do not use this space.

33648

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Kaw Primary Registration District No. 1002  
 City K.C. Mo (No. 5th and Locust St.)

File No. \_\_\_\_\_  
 Registered No. 4418  
 St. K.C. Mo (ward)

**2. FULL NAME**

Jeanie Bullock  
 (a) Residence No. 1331 Yecker T.C. R. St. Ward. \_\_\_\_\_  
 (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**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ralph Bullock</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>1893-10-30</u>				
7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>34</u>	<u>0</u>	<u>20</u>	
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>Housewife</u> <b>2106</b>				
(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) Missouri

PARENTS

10. NAME OF FATHER William Briggs

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Jesse Calville

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Kentucky

**14.**

INFORMANT Marthy Bullock  
 (Address) 1524 N. 26 St. K.C. Mo

**15.**

FILED 11-21-27 A. H. Crowe  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Accidental Automobile  
traumapism  
fractured skull

CONTRIBUTORY (SECONDARY) K.C. Mo

18. WHERE WAS DISEASE CONTRACTED? 1880

IF NOT AT PLACE OF DEATH: \_\_\_\_\_

0 DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Prof. Dr. J. P. ...  
 (Signed) Dr. J. P. ... M. D.  
11/20 1927 (Address) St. Louis

\*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 Grave Missouri DATE OF BURIAL Nov. 22 1927

20. UNDERTAKER Frank Galvin ADDRESS K.C. Mo

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.

