

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

Do not use this space.

1825

**FEB 21 1928**

**1. PLACE OF DEATH**

County Monroe  
Township Long Creek  
City                      (No.                      St.                      Ward                     )

Registration District No. 10 22  
Primary Registration District No. 1-732

File No. 44  
Registered No. 43

**2. FULL NAME: Horatio Bull**

(a) Residence. No.                      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.            da.            How long in U.S., if of foreign birth? yrs.            mos.            da.           

**PERSONAL AND STATISTICAL PARTICULARS**

|                                                                                                                                                                                                                               |                                  |                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------------|
| 3. SEX<br><u>Male</u>                                                                                                                                                                                                         | 4. COLOR OR RACE<br><u>white</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)<br><u>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rena Bull</u>                                                                                                                                                 |                                  |                                                                            |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>9/10-1857</u>                                                                                                                                                                       |                                  |                                                                            |
| 7. AGE<br><u>60</u>                                                                                                                                                                                                           | YEARS<br><u>4</u>                | MONTHS<br><u>5</u>                                                         |
| 8. OCCUPATION OF DECEASED<br>(a) Trade, profession, or particular kind of work <u>Farmer</u><br>(b) General nature of industry, business, or establishment in which employed (or employer) <u>108</u><br>(c) Name of employer |                                  |                                                                            |

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

|         |                                                                           |
|---------|---------------------------------------------------------------------------|
| PARENTS | 10. NAME OF FATHER <u>John Bull</u>                                       |
|         | 11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Ills</u><br>(STATE OR COUNTRY) |
|         | 12. MAIDEN NAME OF MOTHER <u>Martha McNea</u>                             |
|         | 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Ills</u><br>(STATE OR COUNTRY) |

14. INFORMANT Emory Bull  
(Address) Stickney Mo.

15. FILED 2-6 1928 J. W. Parker  
REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-15-1928

17. I HEREBY CERTIFY, That I attended deceased from 1-11-1928 to 1-15-1928  
that I last saw                      alive on 1-13-1928, and that death occurred, on the date stated above, at                      m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Flu & Lobar Pneumonia

CONTRIBUTORY (SECONDARY)                       
(duration) yrs.            mos.            da.

18. WHERE WAS DISEASE CONTRAICTED  
IF NOT AT PLACE OF DEATH:                     

19. DID AN OPERATION PRECEDE DEATH?                      DATE OF                       
WAS THERE AN AUTOPSY?                       
WHAT TEST CONFIRMED DIAGNOSIS?                       
(Signed)                      M. D.  
, 19            (Address)                     

\*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 Removal DATE OF BURIAL Jan 17 1928

20. UNDERTAKER Fred W. Gilbert ADDRESS Linton

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.

70-4-5

PHYSICIAN'S SPECIAL STATE  
ATION is very important

not it may be properly (classified) exact state  
details of blood be stated

action  
this form

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH.**

County Marion  
Township Dry Creek  
City Haratia (No. Bull)

Registration District No. 1022  
Primary Registration District No. 5720

File No. 44  
Registered No. 44  
St. Ward

**2. FULL NAME**

(a) Residence. No. St. Ward. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-10-1868

7. AGE YEARS MONTHS DAYS If LESS than 2 day, hrs. or min. X 59 X 4 X 5

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work  
(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)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14.

INFORMANT (Address)

15.

FILED 2-9-1928 J. W. Parker REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 15 19 28

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

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) M. D. , 19 (Address)

\*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

DATE OF BURIAL

20. UNDERTAKER

ADDRESS

Fred H. Gilbert

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

Noted EXACTLY statement of OCCURRING

ion an. crime, so

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