

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

Do not use this space.

3444

1. PLACE OF DEATH

County.....
Township.....
City..... *St. Louis Mo.*

Registration District No. *791*
Primary Registration District No. *1003*

File No.....
Registered No. *1075*
St. Ward)

2. FULL NAME

(a) Residence. No. *Hanti Mo.* St., *23* Ward.

Hanti Mo.

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 *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) *Sept. 13-1905*

| 7. AGE. | YEARS | MONTHS | DAYS | If LESS than 1 day, _____ hrs. or _____ min. |
|---------|-----------|----------|-----------|--|
| | <i>22</i> | <i>4</i> | <i>16</i> | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Farmer*
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) *Hanti Mo.*
(STATE OR COUNTRY)

10. NAME OF FATHER *Hampton Pulliam*

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

12. MAIDEN NAME OF MOTHER *Jessie Alexander*

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

14. INFORMANT *Alfred Mc Ginthy*
(Address) *4127 1/2 Gaston Ave.*

15. *JAN 30 1928* FILED *19* *Marb Starkoff* REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Jan. 29-1928.*

17. 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..... *10:35 A.* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

108 / *10/10*
Lobar pneumonia
(duration)..... yrs. mos. da.

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

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

19. DID AN OPERATION PRECEDE DEATH..... DATE OF..... WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) *Edmund R Sheridan*, M. D. *1/29*, 19*28* (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 *Hanti Mo.* DATE OF BURIAL *Jan. 29 1928.*

20. UNDERTAKER *Ziegenhain Bros. 56256 Huber*

K. 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.

THIS IS A PERMANENT RECORD

