

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

Do not use this space.

1928

1. PLACE OF DEATH

County Boonville
 Township Bourbon
 City Mallissa (No. Pulse)

Registration District No. 446
 Primary Registration District No. 1

File No. 9564
 Registered No.
 Ward

2. FULL NAME

(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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female 4. COLOR OR RACE: W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 19 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 0 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home
 (b) General nature of industry, business, or establishment in which employed (or employee)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ohio
 (STATE OR COUNTRY) unknown.

10. NAME OF FATHER McCordell

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT John Pulse
 (Address) Boonville, Mo.

15. April 24 1928 L. S. Bryan
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 23, 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1928, to March 23, 1928.
 that I last saw her alive on March 23, 1928, and that death occurred, on the date stated above, at 3:30 P. M.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
8:20 7401
11:40 (duration) yrs. 2 mos. 21 ds.

CONTRIBUTORY (SECONDARY) Smoking
 (duration) yrs. mos. ds.

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

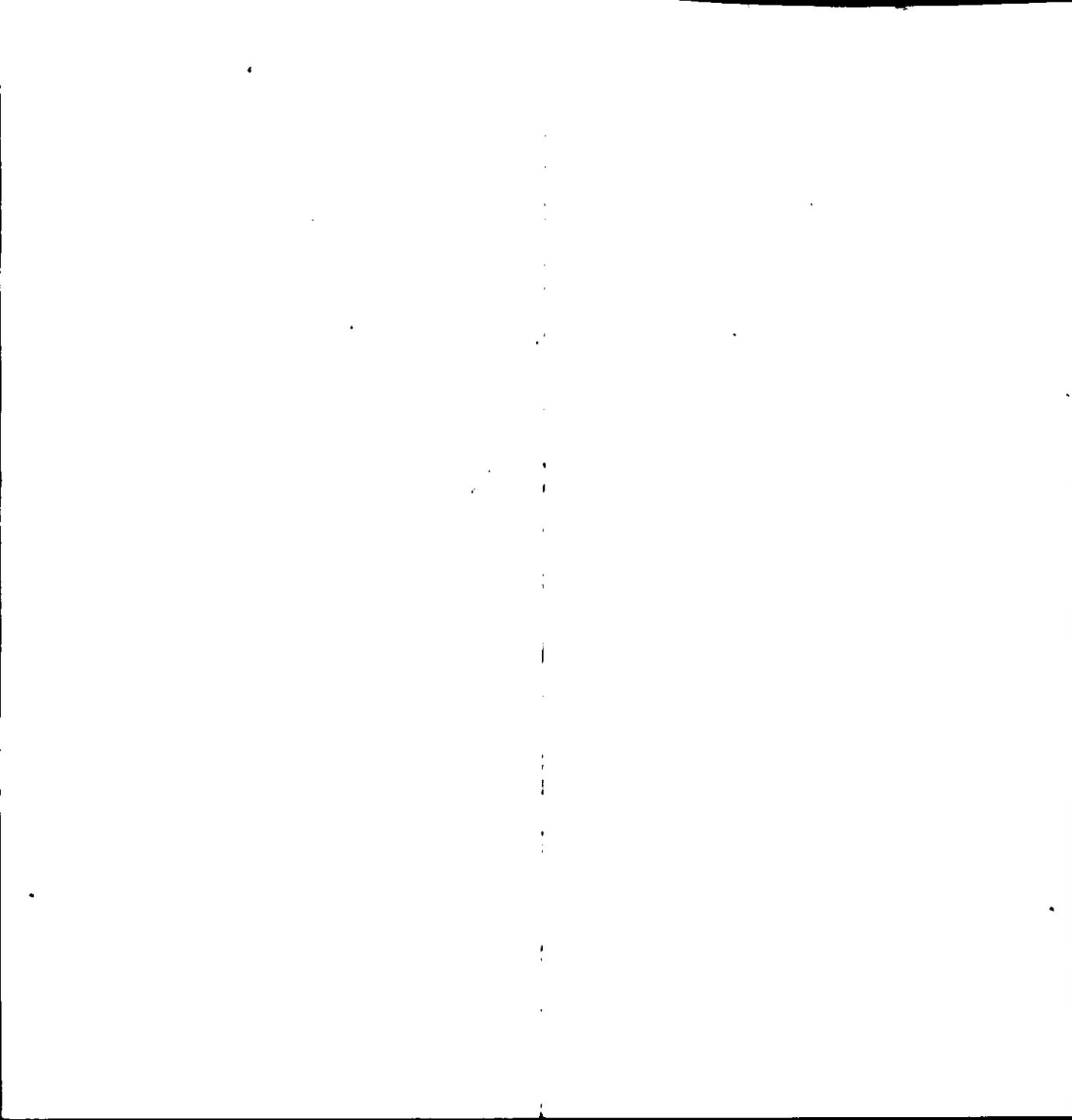
19. DID AN OPERATION PRECEDE DEATH? No DATE OF
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) C. C. Clifton, M. D.
 , 19 (Address) Boonville, Mo.

*State the DISEASE CAUSING DEATH, or in cases from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hickman Cemetery DATE OF BURIAL 3/24 1928

20. UNDERTAKER Brother of Tringers ADDRESS Boonville



**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 Lenox Registration District No. 447 File No.
 Township Bowbon Primary Registration District No. 3607 Registered No.
 City..... (No.) St. Ward)

2. FULL NAME Mallisa Pulse

(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. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 19-1848

7. AGE YEARS MONTHS DAYS II LESS than 1 day, hrs. or min.
80 0 4

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Ohio
 (STATE OR COUNTRY) unknown

10. NAME OF FATHER McCleider

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT John Pulse
 (Address) Novelty mo

15. FILED Apr 24 1928
Frank Baldwin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 23 1928

17. I HEREBY CERTIFY That I attended deceased from Jan 2 to Mar 23, 1928
 that I last saw him alive on Mar 23, 1928, and that death occurred, on the date stated above, at 5:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Asphyxy

(duration) yrs. 2 mos. 21 ds.

CONTRIBUTORY Senility
 (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTACTED at home
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) C. C. Gibson M. D.

, 19 (Address) Novelty mo

*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 Hickman Cemetery DATE OF BURIAL 3/24 1928

20. UNDERTAKER Brothers & Disminger ADDRESS Novelty mo

SUPPLEMENTARY

REGISTER TO OBTAIN A COPY OF THIS SUPPLEMENTARY. FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

5-9564