N 4 1928

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

Do not use this space.

14701

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 6248 B — Registered No. 144

City Koch (No. ..... St. ..... Ward)

2. FULL NAME Pullim, Tom

(a) Residence. No. 2803 a Clark St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 5 mos. 16 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	Black	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband of Mattie Pullim

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 7 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	50	4	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Car Cleaner
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Gus Pullim
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Alabama
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Sarah Hugh
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Alabama
(STATE OR COUNTRY)

14. INFORMANT R Koch Hosp. Records
(Address) Koch, Mo.

15. FILED APR 25 1928 L. C. Obrock M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 25 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov. 11 1927, 19..., to April 25, 19 28 that I last saw him alive on April 25, 19 28 and that death occurred, on the date stated above, at 2 55 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulm Tuberculosis
31 22-A
About (duration) 3 yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Hay & Sputum
(Signed) R. L. Ehrlich, M. D
4/25/28 (Address) Koch Hospital

*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 Dickensville, ALA. ~~Washington Park~~ — DATE OF BURIAL 4-29 1928

20. UNDERTAKER Peoples Und Co. — ADDRESS 3100 Franklin ave

WRITE PLAINLY, WITH PLEASING 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.

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 St Louis Registration District No. 1123 File No.

Township Primary Registration District No. 6248 Registered No.

City (No. St. Ward)

2. FULL NAME Tom Pullins

(a) Residence. No. 2803 a Clark St., Ward. (If nonresident give city or 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
M	B	M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 7 - 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
X	49	X 4	X 18	

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)

PARENTS
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 Aug. 10, 1928 L. C. Obrock M. D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 25 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 ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

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 19
20. UNDERTAKER	ADDRESS

SUPPLEMENTARY

WRITE PLAINLY WITH [illegible] INK---THIS IS A PERMANENT REC[illegible]

B.—Fy[illegible]

N. B. [illegible] item of information should be [illegible] supplied. AGE should be stated EXACTLY [illegible] PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of Occupation is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS [illegible] SCRIBED BY LAW