22 1928

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

Do not use this space.

29635

File No.

Registered No. 141

1. PLACE OF DEATH

County: Andrain

Township: Jackson

City: Mexico (No. ..... St. ..... Ward)

Registration District No. 24

Primary Registration District No. 3002

2. FULL NAME Frank J. Bulson

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 27-1888

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	39	9	20	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bryan Co
(STATE OR COUNTRY) Okla

PARENTS

10. NAME OF FATHER Isaac Bulson

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

12. MAIDEN NAME OF MOTHER Elizabeth Stanley

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

14. INFORMANT Isaac T. Bulson
(Address) Bush Ark RFD

15. Sept 17th 1928 Ira S Milligan
FILED REGISTRAR

3. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-17-1928

17. I HEREBY CERTIFY, That I attended deceased from July 29, 1928 to Sept 17, 1928 that I last saw him alive on Sept 16, 1928 and that death occurred, on the date stated above, at 5 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1A 9ED

1B 125B

Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Nephritis - Pneumonia - Present (Blood test ++++)

(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. F. Hanson, M. D.

19. (Address) Mexico 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: Eugene MO Cem

DATE OF BURIAL: 9-18-1929

20. UNDERTAKER: H A Brecht & Son

ADDRESS: Mexico MO

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A. 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.