

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

Do not use this space.

37762

**1. PLACE OF DEATH**

County Marion  
Township Dry Creek  
City (No. ...., St. .... Ward)

Registration District No. 1022  
Primary Registration District No. 5732

File No. 50  
Registered No. 4

**2. FULL NAME Steven Houston Bullock,**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mrs. Martha Bullock

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10 / 17 / 1865.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	64		14	

**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) (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Geo Bullock,

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

12. MAIDEN NAME OF MOTHER Cinda Mason,

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

14. INFORMANT Mrs Houston Bullock,  
(Address) Vienna, Mo.

15. FILED 11-12-19-29 Ju Parker  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 1 19 29

17. I HEREBY CERTIFY, That I attended deceased from .....  
to .....  
that I last saw h. .... alive on ..... 18. .... and that death occurred, on the date stated above, at..... m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

apoplexy  
..... (duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) Arterial hypertension  
..... (duration) yrs. mos. ds.

18. WHILE 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) Dr. J. J. Jones, M. D.  
, 19 (Address) Vienna 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 Kenner Cemetry, DATE OF BURIAL 11- 3 19 29

20. UMBERTAKER Fred D. Gilbert ADDRESS Vienna Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

63

