

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

Do not use this space.

15567

1. PLACE OF DEATH

County Cass Registration District No. 150
Township Sherburne Primary Registration District No. 5421
City Crichton (No. _____) St. _____ (Ward _____)

File No. _____

Registered No. _____

2. FULL NAME

Mary Belle Pullen
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed
(write the word)

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 30 1930

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

17. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1928 to May 30, 1930 that I last saw her alive on May 31, 1930 and that death occurred, on the date stated above, at _____ m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 4, 1868

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS 67 0 26
If LESS than 1 day, _____ hrs. or _____ min.

Cerebral apoplexy
827

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

CONTRIBUTORY (SECONDARY) 74al
(duration) _____ yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) Jordan
(STATE OR COUNTRY) Missouri

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

10. NAME OF FATHER Henry Morgan

8 DID AN OPERATION PRECEDE DEATH _____ DATE OF _____

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Jordan Cemetery DATE OF BURIAL June 7 1930

12. MAIDEN NAME OF MOTHER Lucene Ellis

WHAT TEST CONFIRMED DIAGNOSIS _____

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

(Signed) Edgar M. Griffiths
, 19 _____ (Address) Crichton Mo

INFORMANT Mrs. Christy Lesson
(Address) Crichton 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.

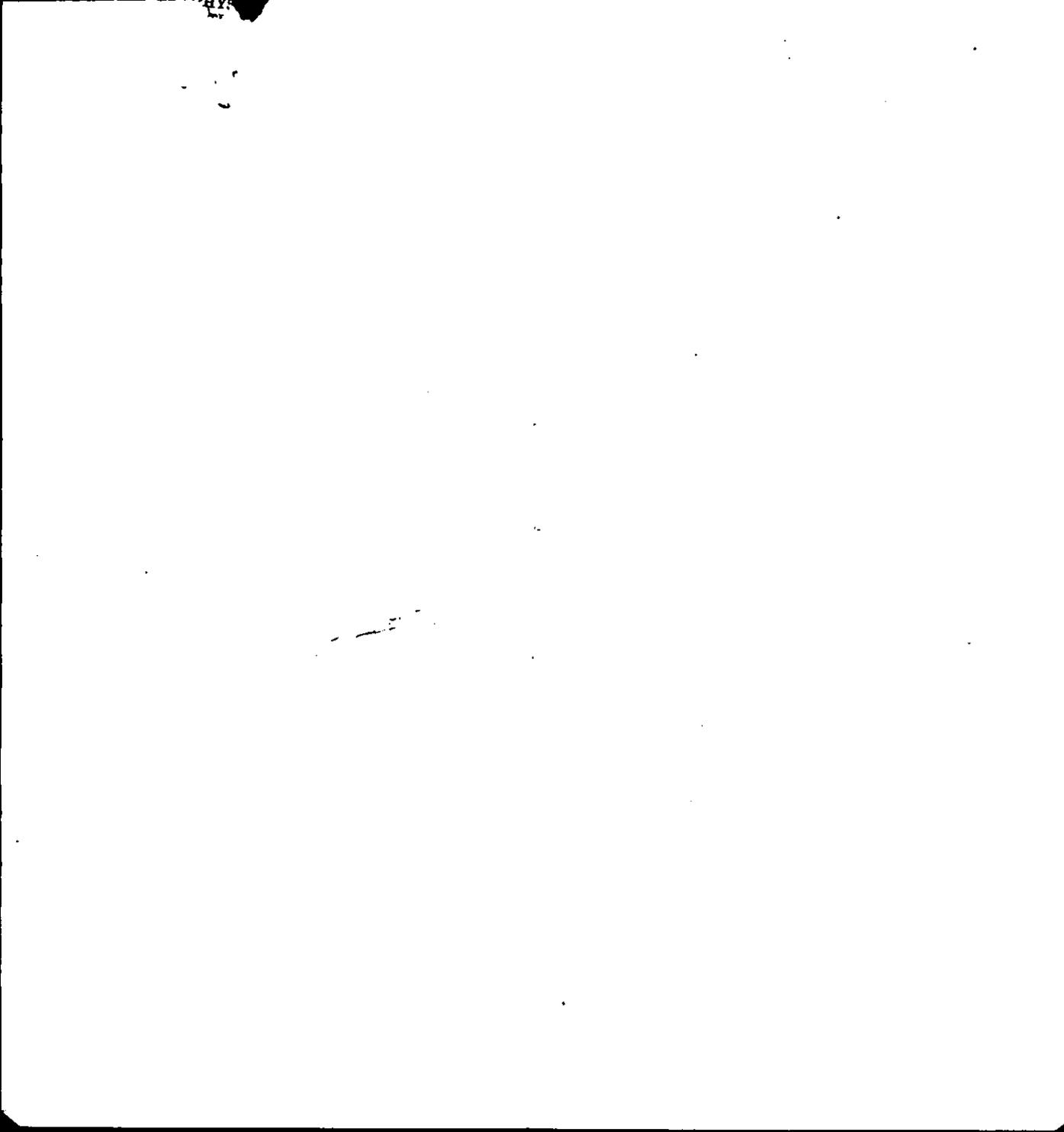
15. Jan 1, 1930 Mrs. R. J. Ayler
REGISTRAR

20. UNDERTAKER H. B. Arnold ADDRESS Crichton

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

OWN 24

7-710



FORBES, MISSOURI

June 10 - 30

Enclosed find Death Certificate
Which was turned in to me that
I think belongs to the Registrar
at Creighton, Mo. Burial ~~at~~
Was at Forbes, Mo.

C. J. Harper

1-1-1

5-18864