

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 26 1930

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

Do not use this space.

1. PLACE OF DEATH

County Platte
Township Fair
City (No.) (No.) (No.)

Registration District No. 696
Primary Registration District No. 5925

File No. 275-86-13
Registered No. 25
St. Ward

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Laura Brown</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>March 1-1 848</u>		
7. AGE YEARS <u>82</u>	MONTHS <u>5</u>	DAYS <u>25</u>
IF LESS than 1 day, hrs. or min.		

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) Platte Co. Mo.

10. NAME OF FATHER David Bullock

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

12. MAIDEN NAME OF MOTHER Sarah Jane Vaughn

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

14. INFORMANT Green Bullock
(Address) Platte City, Mo.

15. FILED Nov 10 30 Mary B. Knight
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 26 1930

17. I HEREBY CERTIFY, That I attended deceased from May 26-1929, 19... to Aug 24, 19... that I last saw h. alive on July 28, 19... and that death occurred, on the date stated above at 8 2 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchitis Chronic (no tumor)
10663
1032

(duration) yrs. mos. ds.

CONTRIBUTORY Age
(SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Residence

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS none

(Signed) Samuel M. Clark M. D.
19 (Address) Platte City 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 Second Creek Cem DATE OF BURIAL 8-27-1930

20. UNDERTAKER L. F. Rollins ADDRESS Platte City

