

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

Do not use this space.

39543

1. PLACE OF DEATH

County Jackson Registration District No. 307
 Township Juan Primary Registration District No. 1
 City Kansas City (No. Kansas City Gen. Hosp. St. 1 Ward)

File No. _____
 Registered No. 5116

2. FULL NAME

William Bulger
 (a) Residence. No. 1636 St. Louis St. 1 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 <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>Mrs. Willis Porter</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 16 - 1889</u>		
7. AGE	YEARS <u>43</u>	MONTHS <u>6</u>
	DAYS <u>3</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work... <u>Painting & Papering</u> (b) General nature of industry, business, or establishment in which employed (or employer)..... (c) Name of employer.....		

9. BIRTHPLACE (CITY OR TOWN) Kansas City
 (STATE OR COUNTRY) Kansas

PARENTS	10. NAME OF FATHER <u>Wm Bulger</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Infant</u>
	12. MAIDEN NAME OF MOTHER <u>Paula Baine</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>

14. INFORMANT Reverend Clerk
 (Address) KC General Hosp.

15. FILED 12/21/20 M. M. Brown
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-19 1930

17. I HEREBY CERTIFY, That I attended deceased from 12-14, 1930, to 12-19, 1930 that I last saw him alive on 12-19, 1930, and that death occurred, on the date stated above, at 10:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
82 A

CONTRIBUTORY (SECONDARY) 74 A
 (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? yes
 WHAT TEST CONFIRMED DIAGNOSIS? Brain and Autopsy
 (Signed) W E Williams M. D.
12-20 1930 (Address) Subst KC Genl Hosp

*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 <u>Mt Calvary</u>	DATE OF BURIAL <u>12/22 1930</u>
20. UNDERTAKER <u>Joe A Butler & Son</u>	ADDRESS <u>KC Kan</u>

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

K. 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.

