

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

Do not use this space.

20842

1. PLACE OF DEATH
 County Cape Girardeau Registration District No. 171
 Township Keytesville Primary Registration District No. 4100
 City Keytesville (No. _____) St. _____ Ward _____

2. FULL NAME Henry Pullum
 (a) Residence, No. _____ St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Black</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Albertine Pullum</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 15 - 1907</u>		
7. AGE	YEARS <u>24</u>	MONTHS <u>5</u>
	DAYS <u>22</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farm Hand</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Keytesville Mo</u>	
FATHER	13. NAME <u>Walter Pullum</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Keytesville Mo</u>	
MOTHER	15. MAIDEN NAME <u>Edna Woods</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Keytesville Mo</u>	
17. INFORMANT (ADDRESS) <u>James Pullum Keytesville</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Keytesville</u> DATE <u>June 17th 1931</u>		
19. UNDERTAKER (ADDRESS) <u>Hyde & Gashett Keytesville Mo</u>		
20. FILED <u>June 18th 1931</u> <u>Zittel Sneed</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7th 1931

22. I HEREBY CERTIFY That I attended deceased from never attended, 19____
 I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 7:30 P.M.
 The principal cause of death and related causes of importance were as follows:
gun-shot wound of left chest
suicide
167
 Other contributory causes of importance:
167

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? suicide Date of injury June 7th 1931
 Where did injury occur? in street of Keytesville Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
in street
 Manner of injury shot in left chest
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) W. J. Collins, M. D.
Keytesville, Mo. coroner

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

JUL 23 1931

1961 OCT 13 1964

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