

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 28 1931

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

Do not use this space.

23964

1. PLACE OF DEATH

County Stoddard
Township Elk
City (No.) (No.) St. Ward)

Registration District No. 839
Primary Registration District No. 6100

File No.
Registered No. 26

2. FULL NAME

Bettie Marie Pullum

(a) Residence. No. St. Ward. (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) S

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 29 - 1929

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
1 5 6 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. nil
(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) Benton, Ill?

PARENTS
10. NAME OF FATHER Elihu Pullum
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Bertha Ashley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

14. INFORMANT (Address) Hester Pullum

15. FILED 6/15, 19 31 J. P. Brandon REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-15-1931

17. I HEREBY CERTIFY, That I attended deceased from June 12, 1931, to June 15, 1931 that I last saw h. alive on June 14, 1931, and that death occurred, on the date stated above, at 12:03 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Pholera Infantum

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH.....
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 119A
(duration) yrs. mos. ds.

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

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Geov. Husted M. D.
, 19 (Address) Passaic, Mo

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Pleasant Valley 6-15 1931

20. UNDERTAKER ADDRESS
H. R. Craig Malden

Presented
to the