

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

Do not use this space.

25399

1. PLACE OF DEATH

County Gascon
Township
City Johnston (No. _____)

Registration District No. 411
Primary Registration District No. 2002

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Cave Springs 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) mar 8 1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
5 4 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NONE

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) Galena Kansas

13. NAME Harold Bullard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnston Mo

15. MAIDEN NAME Bertha Stake

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Okla.

17. INFORMANT Mrs. Grace Bullard (ADDRESS) Galena Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Hillcrest DATE July 27, 1931

19. UNDERTAKER (ADDRESS) T. M. Clark Galena Kansas

20. FILED 7-27 1931 Alma Clark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1931, to July 26, 1931. Last saw him alive on July 25, 1931. Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

Scarlet Fever
Date of onset 7/21-31
8

Other contributory causes of importance:
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? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) H. W. Weber, M. D.
(Address) Johnston Mo

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.

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

AUG 26 1931

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