V. S. No. 2.

MARGIN RESERVED FOR BINDING

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.

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

Do not use this space.

42008

1. PLACE OF DEATH
County St Genevieve
Township Uniow
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 934
Primary Registration District No. 6026

File No. .....
Registered No. 6

JAN 22 1931

2. FULL NAME William L Pullen

(a) Residence, No. Farmington route 2 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 4 1862

7. AGE YEARS 69 MONTHS 11 DAYS 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) St. Genevieve County

FATHER
13. NAME Edmond B. Pullen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentuckey

MOTHER
15. MAIDEN NAME Mary M. Hinkle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

17. INFORMANT (ADDRESS) Eli Pullen (Son)

18. BURIAL, CREMATION, OR REMOVAL Little Vine St. Genevieve County
PLACE Dec. 22 DATE Dec. 22 1931

19. UNDERTAKER (ADDRESS) Alvin W. Hood Flat River Mo

20. FILED 12-28 1931 Wm A Kotte Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 19 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 20 1931, to Dec 19 1931
I last saw him alive on Nov 20 1931. Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (Chronic)	
Chronic Interstitial Nephritis	
General Arteriosclerosis	

Other contributory causes of importance:
131
936
41
131

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

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) R Appleberry, M. D.
(Address) Farmington Mo