

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.

FEB 23 1932

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

Do not use this space.

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1. PLACE OF DEATH  
12 County Butler Registration District No. 89  
Township Poplar Bluff Primary Registration District No. 5431  
City (No. ....) St. .... Ward)

2. FULL NAME Denton Ullie  
(a) Residence, No. 5 1/2 mi N. West P.B. R. R. #1 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 Caucasian 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Est. 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
Est 72

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) 2  
Polk Missouri

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 31  
Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Josie Ullie  
Poplar Bluff

18. BURIAL, CREMATION, OR REMOVAL PLACE South DATE Jan 14 1932

19. UNDERTAKER (ADDRESS) Beverly Funeral Home  
Poplar Bluff Mo

20. FILED Jan 5 1932 B. J. Camp  
Registrar.

MEDICAL CERTIFICATE OF DEATH

1  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1, 1932

I HEREBY CERTIFY That I attended deceased from Dec 26 1931 to Jan 1, 1932

I last saw him alive on Jan 1, 1932. Death is said to have occurred on the date stated above, at 10:40 P.M.

The principal cause of death and related causes of importance were as follows:  
Tuberculosis Date of onset 2-25-31

Other contributory causes of importance:  
108 108

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... 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 .....  
1

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

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