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 4 1932

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

Do not use this space.

751

File No. 33

Registered No.

1. PLACE OF DEATH

39 County Green — Registration District No. 318

3 Township — Primary Registration District No. 2001

5 City Springfield No. 1030 Texas St. Ward)

2. FULL NAME Mamie Pulliam

(a) Residence, No. 1030 Texas St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1887-8-31

7. AGE: YEARS 44 — MONTHS 4 — DAYS 9 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 23 13 90

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 13 90

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER

13. NAME Henry Bryant

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

MOTHER

15. MAIDEN NAME Jane Gaines

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

17. INFORMANT (ADDRESS) Nellie Newton 919 Scott

18. BURIAL, CREMATION, OR REMOVAL PLACE Hazelwood DATE Jan 13, 1932

19. UNDERTAKER (ADDRESS) W. P. Campbell 869 Wash. Ave

20. FILED 1-12, 1932 Lon Shark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1932, to January 10, 1932

I last saw her alive on Jan 10, 1932 Death is said to have occurred on the date stated above, at 7 P.m.

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

	Date of onset
Hemorrhage Pelvic	Jan 10, 32
Uterine hemorrhage nonpuerperal	
Other contributory causes of importance:	
Abscess of Pelvis chronic type undetermined	Jan 1, 32

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? no 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 (1)

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) James B. Clark, M. D.

(Address) 6 & N Jefferson