

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

Do not use this space.

1714

File No. 111  
Registered No. 1  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
60 County McDonald Registration District No. 963  
Township Elk River Primary Registration District No. 5692  
City None (No. \_\_\_\_\_)

2. FULL NAME Patrick Henry Bullock.  
(a) Residence, No. Cueplan Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 9 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)  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23-1873  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
88 6 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retire 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) Mar, 1918  
11. Total time (years) spent in this occupation 55yr.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) St. Clare Co Mo.

13. NAME Charles P Bullock

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

15. MAIDEN NAME Rowena Allen

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

17. INFORMANT (ADDRESS) E. L. Truitt  
NOEL MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE Marshall DATE Jan 19 1932

19. UNDERTAKER (ADDRESS) J. P. Duran

20. FILED Jan 19 1932 J. J. Minton M.D.  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18 1932  
22. I HEREBY CERTIFY, That I attended deceased from Dec 5 1931, to Jan 17 1932  
I last saw him alive on Jan 17 1932. Death is said to have occurred on the date stated above, at 12:30 Am.  
The principal cause of death and related causes of importance were as follows:

old age  
162 / 62

Other contributory causes of importance: none

Name of operation none Date of none  
What test confirmed diagnosis? X Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? X Date of injury X, 19\_\_\_\_  
Where did injury occur? X (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X  
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify X  
(Signed) J. J. Minton, M. D.  
(Address) NOEL, 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.

FEB 24 1932

