

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

Do not use this space.

3393

1. PLACE OF DEATH

County Scott
Township Marion
City Benton (No. _____ St. _____ Ward _____)

Registration District No. 814
Primary Registration District No. 34490

File No. _____
Registered No. 4

2. FULL NAME

James Edward Bullinger

(a) Residence. No. _____ 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. da. How long in U.S., if of foreign birth? yrs. moa. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant or child</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept-14-1929</u>		
7. AGE	YEARS	MONTHS
	<u>2</u>	<u>4</u>
		DAYS
		<u>16</u>
		IF LESS THAN 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work child
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

Benton
(STATE OR COUNTRY) Scott Co Mo

10. NAME OF FATHER

Charley Bullinger

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Scott Co Mo

12. MAIDEN NAME OF MOTHER

Adelia Hestrick

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Scott Co Mo

14.

INFORMANT
(Address)

Charley Bullinger
Benton Mo

15.

FILED

Jan 31 1932

J. Wade

REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 30th 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1932, to Jan 30, 1932, that I last saw him alive on Jan 30, 1932, and that death occurred, on the date stated above, at 6 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Scarlet fever
10/14
130

CONTRIBUTORY (SECONDARY)

Broncho pneumonia
acute nephritis (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF 1

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) U. P. Haw, M. D.

, 19 _____ (Address) Benton, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Benton, Mo. Jan 31- 1932

20. UNDERTAKER

ADDRESS

Stubbs + Kernick Benton, 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 25 1932

