

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township Primary Registration District No. 1001
 City St. Joseph (No. 2909 North 8 street) St. Ward)

File No. 7502-a
 Registered No. 303

2. FULL NAME Roseline Bullimore

(a) Residence, No. 2909 North 8 street 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 Female 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 Joseph W. Bullimore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 12, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 5 16

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Joseph (STATE OR COUNTRY) Missouri

13. NAME William Poolman

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

15. MAIDEN NAME Mary Murphy

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

17. INFORMANT Joseph W. Bullimore (ADDRESS) 2909 No. 8 St. St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL Memorial Park Cem. PLACE St. Joseph Mo. DATE March 30, 1932

19. UNDERTAKER H. O. Sidenfader (ADDRESS) 1802 Union st St. Joseph Mo.

20. FILED MAR 23 1932 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1932, to March 28, 1932

I last saw h. GR alive on March 28, 1932. Death is said to have occurred on the date stated above, at 3:30Pm.

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

Cerebral Hemorrhage

Date of onset March 28-32

Other contributory causes of importance:

Hypertension
Chronic Nephritis

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

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? no

If so, specify Chronic Nephritis

(Signed) Thomas A. Law, M. D.

(Address) St. Joseph Mo.

APR 25 1934

Every supplied. AGE should be stated exactly. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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MAY 22 1952