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

Do not use this space.

22064

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 740

City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Minnie C. Bullock,

(a) Residence. No. St., Ward. Troy, Kansas,
(Usual place of abode) (If nonresident, give city of town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

AUG 22 1932

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.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) |
|---|---|---|
| Female | White | Married, |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Bullock,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb'y. 3, 1875

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 57 | 5 | 24 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home,

(b) General nature of industry, business, or establishment in which employed (or employer) 235

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Weston, (STATE OR COUNTRY) Missouri,

PARENTS

10. NAME OF FATHER William F. Winzer,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Germany, 10

12. MAIDEN NAME OF MOTHER Rosina Wirth,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Germany,

14. INFORMANT E. F. Karr (Address) Troy, Kansas,

15. FILED 7-28, 1932 John R. Bender REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 27, 1932

17. I HEREBY CERTIFY, That I attended deceased from 7/27, 1932, to 7/27, 1932, that I last saw her alive on 7/27, 1932, and that death occurred, on the date stated above, at 8 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Hemorrhagic pancreatitis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Cholecystitis

(duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH ✓ (1)

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? ✓

(Signed) N. S. Fagrave, M. D.

July 27, 1932 (Address) St Joseph 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 |
|---|---|
| Troy, Kansas, | July 30 1932 |
| 20. UNDERTAKER | ADDRESS |
| Heaton-McGale & Bowman | 319 S. 10th. S |

Funeral Home