

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

Do not use this space.

31892

1. PLACE OF DEATH

35 County De Witt Registration District No. 299
Township Independence Primary Registration District No. 470
City Hennett (No. 113) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Raymond Pulley
(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 22 1912

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
20 6 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 2

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

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

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

13. NAME W. L. Pulley

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

15. MAIDEN NAME Mary Hodges

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

17. INFORMANT W. L. Pulley (ADDRESS) Hennett Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE DeWitt DATE Oct 2 32

19. UNDERTAKER DeWitt County Farm (ADDRESS) _____

20. FILED Oct 6 1932 Arthur Hoover Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1932 to Oct 1, 1932
I last saw him ^{alive} on Oct 1, 1932 Death is said to have occurred on the date stated above, at 1:00 p.m.

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

Acute alcoholism with cardiac failure Date of onset 10-1-32

Other contributory causes of importance: 750

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1932

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? _____ If so, specify _____

(Signed) James B. Geyer, M. D.
(Address) Hennett, 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.

007 25 102

