

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

Do not use this space.

35791

1. PLACE OF DEATH Veterans' Administration Hospital, 3 9  
 County Jackson Registration District No. \_\_\_\_\_  
 Township Raw Primary Registration District No. 1 0 0 2  
 City Kansas City, Mo. (No. U.S. Veterans Hosp) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 Registered No. 4299

2. FULL NAME BULLARD, James C-2 096 625  
 (a) Residence, No. 1914 Oak St. S Pvt. Co B 26 BN Ward \_\_\_\_\_  
 (Usual place of abode) Kansas City, Missouri. (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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Single</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>July 13, 1891</b>		
7. AGE	YEARS	MONTHS
	<b>41</b>	<b>4</b>
		DAYS
		<b>2</b>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Laborer 237</b>	
	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)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Missouri 1</b>		
FATHER	13. NAME <b>Unknown</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown 218</b>	
MOTHER	15. MAIDEN NAME <b>Unknown</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown</b>	
17. INFORMANT (ADDRESS) <b>Hospital Records</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Forest Hill</b>	DATE <b>11-17-32</b>	
19. UNDERTAKER (ADDRESS) <b>Freeman Mortuary</b>		
20. FILED <b>Nov 16 1932</b>	<b>K. C. Mo.</b>	<b>W. E. Chambers</b> Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **November 15 1932**

22. I HEREBY CERTIFY, That I attended deceased from **September 10 1932** to **November 15 1932**  
 I last saw him alive on **November 15 1932** Death is said to have occurred on the date stated above, at **12:30 P.M.**  
 The principal cause of death and related causes of importance were as follows:  
**Tuberculosis, Pul. Chr. far advanced Bilateral. Active "C"** Date of onset **Unknown**  
**830 23**  
 Other contributory causes of importance: **Intestinal Tuberculosis** ① **Unknown**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? **Phys. Exam Lab. & X-ray** Was there an autopsy? **Yes**

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?  
 If so, specify \_\_\_\_\_

(Signed) **W. E. Chambers**, M. D.  
**W. E. CHAMBERS**, Med. Officer in Charge  
 (Address) **Vet. Adm. Hospital, Kansas City, Mo**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

