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.

JAN 21 1933

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

Do not use this space.

38649

1. PLACE OF DEATH
12 County Butler — Registration District No. 89 — File No.
Township Poplar Bluff — Primary Registration District No. 5131 — Registered No. 213
City P (No. , Hooper add St. Ward)

2. FULL NAME Alice Gulley
(a) Residence, No. Hooper add. 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) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 18-1869

7. AGE Years 63 Months 10 Days 20 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) middle Tenn

FATHER
13. NAME Robert Blackwell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) middle Tenn

MOTHER
15. MAIDEN NAME Nancy Fevers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) middle Tenn

17. INFORMANT (ADDRESS) Maggie Lewis Poplar Bluff mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE City DATE 12-11 1932

19. UNDERTAKER (ADDRESS) Beverly Funeral Home Poplar Bluff

20. FILED Dec 17, 1932 B J Clay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1932, to Dec 5, 1932
I last saw her alive on Dec 8-32, 19.... Death is said to have occurred on the date stated above, at 11.30 P.M.
The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia about 3 weeks ago — Date of onset
10 7A 10 6B 10 7C ①

Other contributory causes of importance:
Primary cause probably Senile Bronchitis from what little history I could get

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 —, 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) Alfred R Rowe, M. D.
(Address) Poplar Bluff mo